

THE GRAYING AND TRANSFORMATION  
OF A RETIREMENT VILLAGE

By

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TO MY MOTHER

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THE GRAYING AND TRANSFORMATION OF A RETIREMENT VILLAGE

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This anthropological community case study of the central Florida retirement village of Fountainview focuses on the relationship between (1) the historical changes in the sociocultural system of the village and (2) changes in the daily lives of residents over time. The identification and time-sequencing of the life-course tasks of residents result in the construction of a life-course trajectory of residents from time of village-entry to time of village-exit. Historical context and sociocultural context are combined to analyze the village's responses to the aging of residents.

The "quality-of-life" of residents over time is measured by qualitatively assessing the congruity between (1) the changing life-course tasks and needs of residents and (2) Fountainview's facilities and services during different village-historical periods.

Quantitative and qualitative data are collected from multiple sources and from different village-historical periods. Data sources include community documents, interviews, participant observation from 1984-1986, a time-allocation study of the activities of four random samples of residents, and a quantitative study of the reasons for village-exit.

Fountainview was designed for residents in their early retirement years, but the population of Fountainview has become increasingly older and single. No fundamental structural change in the village has resulted from (1) demographic changes in the population, (2) the impact of fluctuations in the American economy, or (3) the change in village-ownership.

Formal village policies and activities continue to reflect the primacy of real-estate-marketing strategies to attract younger retirees. The exclusion of facilities and services for aging residents facilitates the out-migration of older residents and the in-migration of younger retirees--a "demographic cycling" process.

Three "sets" of life-course tasks may confront residents--tasks related to (1) retirement and relocation, (2) illness and aging, and (3) the death of a spouse. Many residents attempt to remain in Fountainview as long as it is medically feasible. The absence of comprehensive, coordinated supportive services to meet their "intermediate-support" needs results in a diminished quality-of-life. A



village-level social-services program to address these needs is recommended.

## CHAPTER I INTRODUCTION

The earliest retirement communities were created in the 1920s. They were developed by religious and fraternal organizations or trade unions and subscribed to utopian or quasi-utopian philosophies. However, a proliferation of retirement communities has occurred during the last twenty-five years. It is estimated that there are between 900 and 1,000 retirement communities in the state of Florida and over 1,000 in the states of Arizona, California, and New Jersey (Streib et al., 1982, pp. 2-4).

It is no accident that the vast majority of retirement communities have been developed in the past twenty-five years. As Social Security benefits rose and the number of persons covered by Social Security increased, real-estate developers, especially in the Sunbelt, identified retirees as a potential market.

The vast majority of retirement communities are commercial developments which emphasize an "active," recreationally oriented lifestyle and provide housing for independent living. This type of retirement community is usually called a "retirement village" in the literature (e.g., Hunt et al., 1984, p. 15).

Retirement villages have been fashioned "for," not "by," retirees. The primary motivation of developers is profit-making through real-estate sales. Marketing strategies target newly retired, younger married couples who are in good health and have the financial means to pursue a recreationally oriented lifestyle. Few, if any, supportive services and facilities for older residents are included.

However, the residents of older retirement villages are likely to be experiencing the later phases of the biological processes of aging. These aging processes include the increased likelihood of illness, as well as experiencing the consequences of the normal processes of aging, such as declining stamina, decreased mobility, and sensory deficits. Residents may also be coping with the death of a spouse and widowhood.

Given these aging processes, how are the lives of residents of retirement villages affected? It has been assumed that residents relocate in response to widowhood or to a declining ability to carry out daily-living activities. Either they return to their home area in the north, move closer to children, or enter a nursing home.

This simplistic view ignores the fact that aging is a process that occurs gradually over time. Except for short-term illness or sudden death, most older adults must cope with the gradual effects of aging over a period of time. There are no specific markers indicating the appropriate moment for relocation.

Older adults in the United States prefer to remain independent for as long as possible. Thus, there is a high probability that many aging residents in retirement villages attempt to maintain their independent living arrangements even though their abilities to carry out daily-living activities have declined. Furthermore, in an attempt to avoid the "dreaded" nursing home, it is likely that spouses of frail residents provide care within the home for as long as it is feasible.

Given these conditions connected with the gradual processes of biological aging, what are the responses of retirement-village owners/developers? Do they add new facilities, services, and programs to accommodate these aging residents?

If not, what is the "quality-of-life" of these aging residents? Although residents may report being "satisfied" with the retirement village, "quality-of-life" is much more than "reported satisfaction." It involves the extent of congruence between the person and the environment. It is related to the retirement village's responsiveness to, and supportiveness of, the changing needs of its residents.

#### An Overview of the Present Study

The present study is an anthropological case study of a central Florida retirement village called by the pseudonym, "Fountainview." Like the two-faced Janus, there are two contrasting perspectives on retirement villages. These two

opposing views are symbolized by the choice of the name, "Fountainview."

On the one hand, there is the romanticized "public image" of a beautiful community of blue skies and water, eternally green lawns and trees, and water spouts gushing from manmade ponds--the retirement dream.

On the other hand, Fountainview has erected a small fountain in memory of its deceased residents. It symbolizes the biological realities of aging and death. The major focus of the present study emphasizes these biological realities. The perspective of the present study is a "fountain view" according to this second meaning.

This case study of Fountainview is cast in the framework of historical change. Both the processes of aging of residents since their arrival in Fountainview and the broader sociocultural changes that have overtaken the village are taken into account. In other words, time sequence is a major analytic variable.

The study is divided into two parts--(1) a study of the historical changes in the sociocultural system of the retirement village of Fountainview and (2) a study of the changes in the daily lives of residents from time of entry into the village to time of exit from the village.

In the first part of this study--the study of the historical changes in the retirement village of Fountainview--the economic foundation of the village during different periods in the village's history is described.

Changes in the economy of the wider societal system and their impact upon the village economy are explored.

The changing demographic composition of the population of Fountainview throughout the village's history is examined. The relationship between these economic and demographic factors within the sociocultural system of Fountainview is analyzed.

Attention is also given to three organizational structures in Fountainview--(1) the political economy, i.e., the formal organizational structure representing the village's owners/developers; (2) the recreationally oriented "club" structure; and (3) the formal and informal organizational structures developed to meet the needs of residents who are experiencing the effects of aging, illness, death, and/or widowhood. Additional contextual data are obtained by studying the sociocultural norms of village residents.

A study of the changes in these various parts of the sociocultural system of the retirement village of Fountainview, plus an analysis of the relationship between these various parts of the system, yields a historical portrait of the changes in Fountainview's sociocultural system over time. Sociocultural context and historical context are combined to analyze the village's responses to the aging of residents.

The second part of this two-part study is a study of the changes in the daily lives of residents from time of

entry into Fountainview. Changes in the activities, perceptions, tasks, and needs of Fountainview residents are examined. This portion of the study culminates in the construction of a "life-course trajectory of village residents."

Having constructed a portrait of the sociocultural terrain of daily activities of different cohorts of village residents, an assessment of the "quality-of-life" of Fountainview's residents is carried out. A series of recommendations and applied implications are discussed in the light of the findings of this anthropological community case study.

#### Background of Study

In preparation for the present case study, it has been necessary to review three relevant topics in the literature of community studies.

First, a critical assessment of the current state-of-the-art of community studies in general is undertaken. Conceptual, theoretical, and methodological issues in community studies are reviewed to identify the weaknesses in previous community studies. These weaknesses are taken into account in the development of the research design of the present study.

Second, literature in which definitions of "retirement community" are presented is explored. Definitions, underlying criteria, and typologies of "retirement communities" are examined in this review. This review aids

in the development of a formal working definition of the concept. This working definition is used to facilitate the selection of a research site.

Third, a literature review of the major findings of previous studies of retirement communities is conducted to identify specific research problems for inclusion in the present study. This review examines studies in terms of (1) their problem foci and (2) their conceptual and methodological approach. The review concludes by identifying research problems which have not been addressed and provides clarification regarding the differences between previous studies and the present study. (This literature review is found in Chapter II.)

An anthropological case study would not be complete without a personal account of the researcher's field experience. Since each ethnographic portrait of a community/culture is filtered through the eyes of one researcher/observer, only "one reality" is portrayed. This "one reality" is subject to many sources of bias, making the research findings vulnerable to criticism. This issue is addressed in Chapter III.

It took almost three years to complete the present case study. During that time, the researcher played a variety of roles during the various phases of the study. This progression of roles is traced, along with a discussion of other relevant issues and experiences. Emphasis is placed on the researcher's goal of obtaining a wide variety of



perspectives of Fountainview. This discussion in Chapter III serves as a prelude to the presentation of the research design of the present study in Chapter IV.

### Methodology

Two related methodological issues are considered in the research design of this anthropological community case study of Fountainview. The first issue concerns the problem of measurement of sociocultural processes. Since researchers can only study social structures at various points in time, there is no assurance that the resultant series of observations which are strung together will yield an accurate portrayal of change over time (Bernard and Killworth, 1979, pp. 36-37).

The second consideration addresses the issue of reliability versus validity. Traditional anthropological methodology stresses the importance of "understanding," i.e., verstehen. In relying upon qualitative data obtained by the method of participant observation, emphasis is on the importance of validity--measuring what is supposed to be measured.

In contrast, quantitative methods are used to increase reliability--the ability to obtain the same results each time a measurement is repeated. However, statistical analysis and interpretation occur in a vacuum because the context and meaning of the observations are missing.

To decrease the probability of errors this study addresses these two methodological issues (1) by collecting

and analyzing both qualitative and quantitative data, (2) by using multiple data sources which can be compared and cross-matched, and (3) by gathering data at many different points in time.

Quantitative data are gathered on (1) the demographics of the village, (2) the reasons for out-migration and relocation destination (the "exodus study"), and (3) the daily activities of residents (the "time-allocation study"). Random sampling procedures are used in the "exodus study" and in the "time-allocation study."

Qualitative data are obtained through the method of participant observation, interviews, and the collection and examination of community documents.

Since time sequence is a significant analytic variable in the study at hand, all data-gathering activities focus on obtaining information about the retirement village and the lives of its residents at many different points in time. Almost three years of the village's history have been studied directly (1) by using the method of participant observation and (2) by conducting interviews which focus on current events in the village.

Further time depth has been obtained (1) by collecting and analyzing community documents, (2) by obtaining oral histories and other recollections from long-term residents, and (3) by simulating the changes in the activities and perceptions of residents through a comparative study of newcomers versus long-term residents.

Each of these data sources has a different level of credibility. The data from these various sources are cross-matched to determine whether or not they support each other. Such a methodological approach is an attempt to achieve an optimum level of credibility regarding sociocultural changes and changes in the individual lives of residents.

The research strategy used in the first part of this study--the study of historical changes in the sociocultural change in Fountainview--is based upon cultural materialist principles presented by Harris (1979, pp. 51-58). It is assumed that the foundation of a sociocultural system contains two subsystems--the economic subsystem and the demographic subsystem. This foundation is crucial for the continued survival of the system and sets limits on the manner in which the structural aspects of the system develop and change. Therefore research priority is given to the economic and demographic subsystems of Fountainview. Both formal and informal organizational structures are studied in relationship to the economic and demographic subsystems of the village.

Based on these assumptions, special emphasis is placed upon the study of (1) the historical continuities and changes in the economic foundation of Fountainview and (2) the fluctuations in demographic patterns within the village. This study takes into account (1) external sources of change which impact upon Fountainview and (2) internal sources of

change related to the normal processes of aging, illness, death, and widowhood.

The second portion of this two-part study--the study of the changes in the daily lives of residents--is guided by the life-course perspective. This perspective emphasizes "turning points" or "transitions" throughout the various life stages of individuals. Research priority is given to two major transitions with which Fountainview residents may have to cope--(1) changes in the ability to carry out daily-living tasks due to the normal processes of aging and/or illness and (2) changes in marital status due to the death of a spouse and remarriage.

The analysis of the relationship between the historical changes in the sociocultural system of Fountainview and the changes in the daily lives of residents revolves around two related concepts--"person-environment congruity" and "quality-of-life." In the present study "quality-of-life" refers to the extent of congruence between the person and his/her environment. A qualitative assessment of the quality-of-life in Fountainview is carried out, and recommendations to increase the quality-of-life of Fountainview's residents are presented. No claims are made that Fountainview is representative of other retirement communities.

Chapter IV concludes with a summary of the research roles and methodologies used during each research phase.

### The Sociocultural System: Presentation of Findings

The presentation of the findings of this case study begins with a description of the physical setting of the retirement village of Fountainview, including a discussion of the village's "public image" as portrayed in real-estate brochures and in residents' idealized descriptions of the village. This description reflects the romanticized "fountain view" perspective. (Chapter V presents this description.)

The changes which have occurred during the twelve years, nine months of Fountainview's existence are explored. This background material includes a historical account of Fountainview, descriptive statistics of the demography of the village at different points in time, and statistical data on real-estate sales over time. This historical and demographic information is used to construct a portrait of three periods of Fountainview's history. Each historical period is characterized by specific historical events and demographic patterns. (These findings are found in Chapter V.)

As a necessary prelude to a discussion of both village-level and individual responses to aging and death, a description of selected aspects of the sociocultural system of Fountainview is presented. Since a major premise of this study is that the economic base (as well as the demographic base) is fundamental to the survival of the system, the manner in which the village economy of Fountainview has been

structured is described. The goals and organizational tasks of the policy-making bodies and the management structure of the village are explored.

This discussion seeks to clarify the intimate relationship between the economic base and the demographic base within Fountainview. A knowledge of this relationship is essential to an understanding of the responses of the village's organizational structures to the needs of an aging and increasingly single village population. (Chapter VI contains this discussion.)

The cultural norms which have been elaborated by residents, the composition of social groups, and the roles played by residents are strongly influenced by, and reinforce, this economic and demographic foundation. (A discussion of these topics is included in Chapter VI.)

A knowledge of the historical and sociocultural contexts of the retirement village of Fountainview provides the necessary prelude to a discussion of the village's responses to aging and death. Beginning with a description of the available formal and informal programs and services for aging residents of Fountainview, the strengths and limitations of these programs and services are evaluated. The residents' perceptions and knowledge of these existing services are examined. Responses of friends, neighbors, and management to the crises of aging residents are also described and analyzed. (Chapter VII presents this discussion.)

A discussion of responses to aging is not complete without an exploration of responses to death and widowhood. The manner in which village-level organizational structures and individual residents address the issues of death and widowhood is described in Chapter VII.

Aging, illness, and death are events which have a high probability of precipitating crises. Such crises are likely, at some point in time, to lead to a village exit. The "exodus study" provides data regarding the reasons for exit from Fountainview and relocation destinations. The findings of this study are used to identify those circumstances which result in person-environment incongruity. These circumstances are described by constructing a typology of "exits." (This information is presented in Chapter VII.)

A broader view of Fountainview's responses to aging and single residents can be obtained by examining the prevailing societal perspectives on the "proper" role of society in providing supportive services to individuals in need. These contrasting perspectives, adapted from the concepts developed by Wilensky and Lebeaux (1958), are applied to Fountainview in the conclusions of Chapter VII.

#### The Daily Lives of Residents: Presentation of Findings

Following the descriptions of the historical and sociocultural contexts of Fountainview, the findings of the second half of the study--the study of the changes in the daily lives of village residents--are presented. This study

focuses on (1) changes in the amount of time allocated to different activities in various locations (the "time-allocation study"), (2) changes in the meanings which residents attach to their daily activities, (3) changes in residents' perceptions of Fountainview, (4) changes in the composition of residents' social groups as a result of widowhood, (5) changes in the needs of residents, and (6) changes in the life-course tasks confronting residents.

The presentation of findings begins with the findings of the "time-allocation study." Twenty-four-hour diaries are completed by the following four random samples of residents--(1) married "early settlers" (i.e., the original residents who purchased a home in Fountainview during the first four years, three months of the village's existence), (2) single "early settlers," (3) married "newcomers" (i.e., those residents who purchased homes during the most recent four-year period of the study), and (4) single "newcomers."

The "time-allocation study" measures change by simulating a "before-after" picture of daily activities of two cohorts of residents, i.e., "early settlers" and "newcomers." In addition, changes in daily activities due to widowhood are studied by comparing married and single residents in the two cohorts.

Five research hypotheses are formulated, based on the following assumption: As length of residence increases, there is an increased likelihood that residents will experience the impact of the normal processes of aging,



illness, the death of a spouse, and/or widowhood. Therefore the amount of time allocated to various activities will change.

The quantitative data of this study are used to compare the types and locations of activities of the four random samples. Both descriptive statistics and the results of statistical tests of five hypotheses are presented.

Data from the time-allocation study provide a general portrait of the activities of residents. These findings are found in Chapter VIII.

The time-allocation study does not reveal the meanings which residents attach to their various activities. Qualitative data regarding residents' perceptions of their daily activities are collected by means of participant observation and by interviews with the two cohorts of Fountainview residents, both married and single. This qualitative portrait of daily activities is presented in Chapter IX.

Also, Chapter IX explores residents' perceptions of the village. Attention is given to the differing village-historical experiences of newcomers and early settlers and how these differences affect their perceptions of Fountainview.

A special section in Chapter IX is devoted to an exploration of the daily lives of single residents. The composition of the social networks of "early-settler" singles and the social contexts in which different

social-group configurations occur are described. An analysis of cohort differences regarding the ease in which social networks are developed by "newcomer" singles versus "early settler" singles is presented. This portion of the study concludes with a discussion of the task of mourning and the task of re-entry into social life following widowhood.

In Chapter X, "the life-course trajectory of village residents" is developed. The life-course trajectory describes the path which residents are most likely to follow from the time of entry into the village to the time of exit from the village. The construction of this trajectory relies on three sources of data: (1) the quantitative results of the time-allocation study, (2) the qualitative findings regarding cohort/marital-status differences in daily activities and perceptions of Fountainview residents, and (3) data from the exodus study.

The current needs of aging and/or single residents of Fountainview are explored, and an assessment of the quality-of-life of Fountainview residents throughout the history of Fountainview is presented in the conclusions of Chapter X.

#### Conclusions of the Study

The central goal of this anthropological community case study is to explore the relationship between the historical changes in the sociocultural system of Fountainview and the changes in the daily lives of residents, especially those

changes related to the life-course tasks of aging, illness, widowhood, and singlehood. In the conclusions of this case study (Chapter XI) this relationship is qualitatively assessed.

The impact of two major sources of change upon the retirement village of Fountainview is analyzed. These two sources of change are (1) changes in the external environment and (2) internal demographic changes due to the processes of aging.

The value of this anthropological community case study lies not only in the fact that the contextual subtleties of daily living and management practices in Fountainview are highlighted. This case study is also valuable because a series of recommendations to enhance the viability of this retirement village is developed. These detailed recommendations are presented in Chapter XI.

The study concludes with a retrospective analysis of the strengths and weaknesses of the present case study and a presentation of suggestions for future research.

## CHAPTER II LITERATURE REVIEW

This literature review covers three topics which are pertinent to the study at hand. First, a critical assessment of the current state-of-the-art of community studies is undertaken. Problems regarding (1) the definition of "community," (2) theoretical issues in community studies, and (3) methodological issues in using the community-study method are discussed. These findings are applied to the present anthropological community case study of Fountainview. Differences between previous studies and the present study are clarified.

Second, a variety of definitions and typologies of "retirement communities" and their underlying criteria are explored. These findings are applied to Fountainview, resulting in a tentative definition of Fountainview as a "retirement village."

Third, attention is turned to a review of the major findings of previous studies of retirement communities. These studies are examined in terms of their problem foci and their conceptual and methodological approach. Research problems which have not been addressed are identified and are used to facilitate the selection of the research foci for the study at hand.

A formal working definition of "retirement village" is presented and its applicability to Fountainview is explored in the conclusion of this chapter. It is concluded that this definition is suitable for use throughout this study.

The importance of a literature review is demonstrated by the fact that this review has facilitated (1) the selection of a research site, (2) the identification of specific research problems, and (3) the development of a research methodology that takes into account the weaknesses found in previous studies.

#### Community Studies: A Critical Overview

The study of "community" has occupied a central position in the development of traditional anthropological studies of small-scale societies. Combining the research methods of participant observation and interviews with non-randomly selected informants (usually elders of the "culture"), anthropologists conducted holistic studies of a defined territory and recorded their results in descriptive ethnographic monographs.

Later researchers transferred these ethnographic research techniques to the anthropological and sociological study of complex societies. Within the United States, the community-study method was first applied to American communities in the early 1920s (Vidich et al., 1964, p. viii). The early classics in this community-study tradition came from three sources: Lynd and Lynd's Middletown (1929) and Middletown in Transition (1937),

W. Lloyd Warner's Yankee City project (e.g., Warner and Low, 1947; Warner and Lunt, 1941; Warner and Srole, 1945), and the many studies stemming from Robert Park and the Chicago School during the 1920s (e.g., Shaw, 1929; Thraser, 1927; Wirth, 1928; Zorbaugh, 1929). Stein (1960) has noted that the community-study tradition has continued to produce more recent classics, including Vidich and Bensman's Small Town in Mass Society (1958) and Dollard's Caste and Class in a Southern Town (1957).

#### Definitions of "Community"

In critiques of these early community studies and their later counterparts, important theoretical and methodological issues have been raised. These issues are particularly pertinent to the present study.

One of the most critical questions concerns the definition of community. Two theoretical issues are involved: (1) whether a "community" must have specific territorial boundaries or whether it can exist among a territorially dispersed population and (2) whether a "community" must be "institutionally complete," providing all of the necessary locality relevant functions to meet the needs of the population (namely, production-distribution-consumption, socialization, social participation, mutual support, and social control) (Warren, 1978) or whether it can provide only a few functions (Effrat, 1974, p. 4).

Community studies stemming from the ethnographic tradition usually have defined "community" as a "complete

territorial community." Such a community is both territorially grounded and institutionally complete. Traditionally, such "communities" were usually assumed to be relatively autonomous systems. A more recent revision of this perspective considers communities to be "open systems," with influences and information flowing into and out of the community.

In dealing with complex urban areas, the researchers conducting the early classic studies of American communities utilized the definition of a "complete territorial community" and were able to obtain the needed money, manpower, and time to conduct what they considered to be a holistic study. In most community-study research these idealistic conditions cannot be met.

These complications in studying a "complete territorial community" in larger, more complex societies led to the development of another definition of "community"--the "community of limited liability" (Effrat, 1974, pp. 15-16). Stemming from the work of Janowitz (1967) this concept enabled researchers to focus on residential subareas of urban environments (e.g., neighborhoods and suburbs). "Community" was defined as being territorially grounded but limited in the number of functions provided. Studies of urban neighborhoods, such as Whyte's Street Corner Society (1943), and studies of suburbs, such as Seeley and others' Crestwood Heights (1956), illustrate this perspective.

A few researchers (e.g., Boissevain, 1965; Jacobson, 1973; Whitten, 1965) have dealt with the complexities of an urban environment utilizing social network analysis. This research approach has the advantage of not pre-defining "community." Rather, the existence of a "personal community" is established through research (Effrat, 1974, pp. 18-19).

### Theoretical Issues in Community Studies

In studies using the "complete territorial community" perspective, questionable theoretical assumptions are made. This is especially problematic when the community study is conducted within complex industrialized societies.

One assumption is the "uniformist" assumption that the community's population is homogeneous. The researcher targets his observations on certain key individuals and events and assumes that such data are representative of the whole community (Schwartz, 1981, p. 317). Even when community heterogeneity is recognized, researchers seldom implement this idea by drawing a random sample, interviewing this sample, and conducting a statistical analysis of the data.

Another assumption often made in traditional community studies is that the system has an internal social order that is in equilibrium. The researcher examines the structural elements of the system and the manner in which they are integrated in order to maintain a "balanced" system. Such



an emphasis on order precludes the possibility of studying the processes of social change.

More recently, researchers have questioned this assumption and have utilized models of social change in their studies of power, conflict, and inequality within communities. In these studies, historical, economic, and political factors are given greater prominence (Schwartz, 1981, p. 317).

A third assumption is that the community is a closed system. However, it can no longer be assumed that a community is "an island entire unto itself." To understand a community, one must go beyond it, recognizing that "relationships within a community are influenced (even determined?) by the processes that lie beyond the community" (Schwartz, 1981, p. 317). Warren's (1978) theoretical analysis of horizontal and vertical ties between subsystems and larger social systems addresses this issue.

#### Methodological Issues in Community Studies

Many of the methodological issues raised in the community studies literature focus on criticisms of the first tradition--the "complete territorial community." A major methodological issue in the literature of community studies is representativeness, i.e., to what extent can the results of a community study can be generalized to other communities or to the society or region of which it is a part? This is a key issue precisely because many researchers have been guilty of claiming that their

"community" represents a microcosm of an entire society or a particular regional type.

This methodological issue involves two related elements. First, one must consider the number of cases (research sites) on which the generalization was made and the criteria by which the cases were selected. Any generalizations made on the basis of a case study of only one community must be made with the utmost caution. At the other extreme, generalizations based on a randomly selected number of communities stand on a firmer foundation, although the researcher must still be clear as to the "type" of community to which such generalizations can be applied.

Second, each community, no matter how similar to others, represents a slightly different configuration. Since this configuration changes over time, a researcher must consider the historical time period in which the study is conducted, as well as unique local factors that have influenced a particular community. A community that is claimed to be representative of a certain type of community at one point in time may not be representative of that community type at a different point in time.

In traditional ethnographic studies ethnographers assume that their studies are "comprehensive," i.e., all-inclusive, because they thoroughly cover the major structural aspects of a community. However, "inclusiveness" does not necessarily mean "good scientific research." Today the research problem involves finding ways to limit the

scope of the study to manageable proportions and yet "retain comprehensive contextual understanding" (Eckert, 1983, p. 456). This may be done by studying specific aspects of the community (e.g., the power structure) or by studying clearly demarcated territories within urban contexts--the "community of limited liability."

Pelto and Pelto (1978) criticize the lack of problem definition in traditional community studies. Without defining the problem (and determining whether the problem is researchable), it is not possible to identify, define, and operationalize the variables of the problem. Operationalizing the problem to be studied is important not only to obtain reliable results that will adequately test one's hypotheses, but also to provide base line data so that subsequent studies of the same community will have an adequate base for comparison.

Vidich et al. (1964, p. ix) have summarized other major criticisms of the case-study approach as follows: (1) It is not possible to separate the values of the observer from his/her data. (2) Observational procedures are not systematized. (3) The resulting description of the community usually rests on one person's observations, and there is little guarantee that another researcher would obtain similar results. All in all, one has no means of judging whether the work is scientifically valid.

### Applications to the Present Study

The present study takes into account the criticisms of the community-study method in an attempt to minimize both conceptual and methodological problems. In this case study of a "retirement community" called Fountainview, it is assumed that Fountainview is (1) a community of limited liability, (2) an open system, (3) a system continually in flux, and (4) a heterogeneous community that will demand the use of random sampling procedures.

The present study is not a "comprehensive" ethnographic study. Rather the scope of the study is limited to the study of change. Also, this study will be a case study of only one community. Generalizations to other retirement communities will not be possible. The findings of this study will only be suggestive of some of the possibilities which may or may not exist in other retirement communities. The similarities between Fountainview and other retirement communities may be more likely to occur among those retirement communities which are of the same "type" as Fountainview. However, even these comparisons must be made with the utmost caution.

### The "Retirement Community": Definitions and Typologies

The difficulties involved in defining the general term "community" are compounded when we attempt to define "retirement community" and differentiate the various "types" of retirement communities. Various criteria have been used

in the definition of "retirement community" and in the construction of typologies of such communities.

For example, Longino provides a general definition of a retirement community as follows:

any living environment to which most of its residents have moved since they retired.... [This] definition excludes communities of retirement-age people who have "aged in place." Retirement communities are settings to which retired people move. Retirement and relocation are the essential elements of the definition. (Longino, 1980, p. 391)

Longino differentiates two types of retirement communities according to "the degree to which they are consciously planned for retired people" (Longino, 1980, pp. 392-393; 1982, p. 240). First, there are de facto retirement communities that are not deliberately planned as retirement communities, but which attract retired individuals because of their beautiful natural settings. Over time, these communities contain a majority of people who are of retirement age. As a result, certain organizations and specialized services develop to serve this population.

Second, there are de jure retirement communities in which resident eligibility is limited to persons who have attained a specified chronological age. There are two subtypes of the de jure retirement community. The first subtype is the "subsidized planned community," such as government-subsidized congregate housing. The second subtype--the "nonsubsidized planned community"--may take a

number of forms, ranging from the provision of housing only to the provision of a full range of health-care services.

Longino's emphasis is on the criteria of retirement, relocation, and the presence or absence of conscious planning. In contrast, Mangum (1979) presents a typology of retirement housing, choosing various types of dwellings to differentiate housing options. He also uses the dimension of "supportiveness" to rank these housing options.

At the lowest level of "supportiveness" are mobile home parks. Mangum considers such parks to be more supportive than conventional forms of housing in age-integrated communities due to the mutual aid that usually develops between residents. However, such parks are the "least supportive" type of age-segregated housing because residents are expected to live fully independently (Magnum, 1979, p. 91).

Next in level of "supportiveness" come retirement villages in which most goods and services, in addition to housing, are provided within the community. Following retirement villages are garden apartments and high-rise apartments in which "congregate living" is in evidence. In these apartments, on-site supportive services of various kinds (e.g., housekeeping, some congregate meals, etc.) are provided.

Moving toward the higher levels of "supportiveness" are retirement hotels. Finally, the highest level of "supportiveness" is found in life-care facilities.

A specific definition of a "retirement village" is presented by Webber and Osterbind (1961). Their definition is as follows:

A small community relatively independent, segregated, and non-institutional, whose residents are mainly older people separated more or less from their regular or career occupations in gainful or non-paid employment. It is non-institutional in the sense that the population is largely free of the regime imposed by common food, common rules, common quarters and authority. (Webber and Osterbind, 1961, p. 4)

This definition differentiates retirement villages from age-integrated communities/neighborhoods and from congregate and other institutional settings for the elderly. Also, this definition is applicable to only two of Magnum's housing options: mobile home parks and retirement villages.

One of the most recent typologies of retirement communities is presented by Hunt et al. (1984). Four attributes, each of which may be rank ordered, are used. The first attribute is population size--small (less than 1,000 residents), medium (1,000 to 5,000), and large (more than 5,000 residents). The second attribute is "the characteristics of the population,"--whether the majority of the population is predominately healthy, predominately frail, or a mixed population of healthy and frail. Third is "the kinds and amounts of services offered," especially in the areas of recreational/leisure and health services. The final attribute is sponsorship--profit or nonprofit.

Using these four attributes five types of retirement communities are identified: retirement new towns, retirement

villages, retirement subdivisions, retirement residences, and continuing care retirement centers. This multi-dimensional typology illustrates the complexities involved in defining retirement communities.

In summary, the criteria used to define retirement communities have included (1) the necessity of relocation and retirement; (2) sponsorship and the extent of intentionality in planning the community; (3) the types and amounts of services offered or the outcome of service provision, i.e., either a description of the characteristics of residents attracted by particular types of services or the degree of supportiveness; (4) the size of the community; and (5) the type of dwelling units available.

Implicit in all of these definitions and typologies is the premise that a retirement community is territorially defined. Underlying the focus on types of service provision is the implicit criterion of the degree of "institutional completeness" of the community, i.e., which of the necessary locality-relevant functions are included or missing? In addition, the residents of retirement communities have two needs that require special elaboration in terms of service provision, namely, leisure/recreation and health care. In terms of service provision, the presence or absence of these two services tends to be the most frequently used criteria.

The characteristics found in Fountainview and in other sites considered for field study conform to the definition of "retirement village" presented by Hunt et al. (1984).



They characterize the retirement village as a medium-sized (1,000 to 5,000 residents) community whose residents are predominantly younger, healthy retirees. A variety of recreational and leisure activities are available, but commercial services are limited. Health care services are usually unavailable or, if available, they are limited and unobtrusive. Most such retirement villages are privately developed, for-profit ventures.

Thus, Fountainview will be tentatively defined as a "retirement village." Further characteristics of a "retirement village" will be presented in the conclusions of this chapter, following a review of the major research findings regarding retirement villages.

### Retirement Villages: Major Findings

#### Introductory Background

The study of environments of older adults has resulted in a number of ethnographic accounts of the daily lives of the elderly in their particular sociocultural environments. As the number of specially created environments for the elderly rapidly increased, social and behavioral scientists devoted a great deal of attention to a description of these environments and to their impact on residents.

Especially in the late 1960s and the 1970s both anthropologists and sociologists studied a variety of social environments of the elderly (Eckert, 1983, p. 457). The literature includes ethnographic accounts of senior centers (e.g., Hazan, 1980; Myerhoff, 1978), apartments (e.g.,

Hochschild, 1973), urban hotels (e.g., Eckert, 1980; Stephens, 1976; Siegal, 1978; Teski, 1979), retirement villages (e.g., Byrne, 1974; Jacobs, 1974) small adult mobile home parks (e.g., Johnson, 1971), senior high rises (e.g., Jacobs, 1975; Keith, 1977), and nursing homes (e.g., Gubrium, 1975; Kayser-Jones, 1981).

In this section the literature review of research on age-segregated environments will be approached from two perspectives: the research problem studied and the type of study conducted. In reviewing problem-foci four interrelated research problems concerning age-segregated environments have been given major attention: (1) social integration, (2) activity levels, (3) life satisfaction or morale, and (4) socialization. A fifth research problem has been addressed in only a few studies. These studies focus on the impact of the retirement village upon the wider community or on the ties between the retirement village and the wider community.

In terms of the type of study conducted, two types will be differentiated: the ethnographic case study and the comparative study of two or more retirement villages. Each type contains two subtypes, depending on whether the study focuses on the village as a "closed system" or an "open system."

#### Problem Foci

A major debate in social gerontology has centered on the social climate of age-integrated versus age-segregated

environments. The research problem involves whether or not social integration is facilitated by age-segregated communities. The positive aspects of age-homogeneous environments are documented by Rosow (1967). In his classic sociological monograph on age-dense apartment complexes, Rosow demonstrates that social integration is facilitated when the environment consists of persons of similar age and social background.

Subsequent studies of age-segregated environments usually have supported this position (e.g., Hochschild, 1973; Johnson, 1971; Osgood, 1982; Keith, 1977; Sherman, 1975). An exception is Jacobs (1974, 1975) who found Fun City and High Haven to be low in social integration.

There has been criticism of the research focus on "age" as the central variable influencing social integration in these age-dense environments. Other variables that affect social integration need to be identified (Maddox and Wiley, 1976, p. 15). For example, the residents of age-segregated environments usually are select groups which have met specific eligibility requirements in order to enter these settings. In addition to age, residents are likely to be homogeneous in terms of socioeconomic status, health status, and lifestyle (Golant, 1984, p. 15).

Another problem is the lack of a precise definition of the concept of "social integration." This concept has many dimensions, each of which contains "degrees" of integration.

One dimension of "social integration" refers to the activity level of residents of retirement villages. Carp (1966) conducted one of the earlier studies on this topic, although it is not a study of a retirement village. Carp compared residents of Victoria Plaza, a high-rise retirement housing project funded by HUD, with older residents in the larger community. She found that Victoria Plaza residents were quite active in interacting with friends and participating in organized activities. In contrast, residents in the larger community played more passive roles and spent more time in solitary activities.

Researchers of retirement villages usually have found a high level of activity among residents. Byrne (1974), finding a high activity level at Arden, speculates that one function of an emphasis on activities in a retirement village is to alter the American cultural stereotype of the elderly as passive, inactive persons and to provide the retirees themselves with an identity as an "active adult."

Osgood (1982, 1983), in her study of three retirement communities, develops a typology of residents' activity-roles. Six roles are identified: organizers, joiners, socializers, humanitarians, recreationalists, and retirees. Osgood estimates that 10 to 15 percent are organizers and 10 to 15 percent are retirees. The remainder, the majority, fall into the other four categories. Her categories are not mutually exclusive.

Contrary to the findings of these studies, Jacobs (1974) found that the majority of residents in Fun City are "invisible" due to poor health or general lack of interest. This "invisible majority" lead "a passive way of life" even though there are over ninety clubs and organizations in which residents may participate. Most club members are inactive and only a small number of residents, mostly women, continue to be active club members over time. Only about 10 percent of the community--the "visible minority"--are active club members.

The issue of activity levels among residents of retirement villages usually is interpreted within the paradigms of disengagement theory (Cumming and Henry, 1961) versus activity theory. Whereas activity theory postulates that "successful adaptation" results from active participation in social roles, disengagement theory hypothesizes that the elderly will play more passive roles and will reduce their activity. This "disengagement" is seen as inevitable and desirable for the elderly themselves, as well as society.

Another research question related to social integration is the issue of life satisfaction or morale. The question concerns whether or not age-segregated environments contribute to a high level of morale among residents. In two retirement villages studied by Sherman et al. (1968) a high level of morale is found. Bultena and Wood (1969), in a study comparing retirees who migrated to age-segregated

retirement communities with retirees who did not migrate, discover a higher level of morale in the former group.

Similar studies by Aldridge (1959), Michelon (1954), Seguin (1973), and Sheley (1974) report high levels of morale. The explanation for this finding has focused on the idea that such age-segregated environments offer retirees new role options and new opportunities for socialization and support.

Another area of interest to researchers in social gerontology concerns "socialization to old age" and the issue of whether or not such socialization is facilitated in age-segregated environments. After completing a thorough review of the literature, Rosow (1974) concluded that, in the United States generally, the evidence for the existence of special age-related social norms for older people was weak. Rosow speculated that such norms might be most likely to emerge in age-segregated environments. However, eleven years later, Rosow (1985, p. 90) still has been unable to locate in the literature any strong evidence that such age-related social norms have emerged, even in age-segregated environments.

The topic of socialization also has been addressed by Marshall (1975). In his study of a congregate-living facility in which the average age of residents was 80, he found that the community successfully provided socialization for impending death. However, these findings do not

necessarily contradict Rosow's findings. Although social norms regarding death were in evidence in the community which Marshall studied, they were not "special" norms related to old age. Actually, the pervasive "avoidance of death" found generally in the society of the United States was in evidence in Marshall's study.

In some of the more recent research, the retirement village has been viewed as an open system. Research has focused either on the impact of retirement villages on the wider system or on the ties/links between the village and the wider system.

Heintz (1976) was interested in the impact of five retirement communities upon their adjoining municipalities. She explored "impact" in terms of voting power, demand for health care facilities and other municipal services, commercial development, and tax contributions. She found that the impact of these communities upon their surrounding municipalities was positive. The communities demanded little but contributed much to the economies of these municipalities. The findings of an earlier study (Barker, 1966) support Heintz's results.

Only one research study focuses on the ties between a retirement village and the wider social system. In this case study of a retirement village in central Florida Haas (1980) studies three different kinds of ties between residents of the village and the surrounding community. He finds that the strongest ties are to financial institutions

and commerce, followed by ties to the local health system. The weakest ties are to voluntary organizations in the surrounding community. Haas also reports that the overall impact of the village on the surrounding community is positive.

### Types of Studies

The types of studies which have focused on retirement villages include both ethnographic case studies and comparative studies of retirement villages. Both types of studies have viewed the retirement village as a closed system and as an open system. The majority of the studies focus on the village as a closed system.

In the ethnographic case studies of Byrne (1974), Jacobs (1974), and Osgood (1982), the structural aspects of the village are described. In addition, an attempt is made to address one or more of the issues of social integration, life satisfaction/morale, and activity levels.

Although brief accounts of the history of the development of the village are usually included, these studies essentially present static portrayals of the villages. Little, or no, attention is focused on the processes of aging, on the processes of sociocultural change within the village, or on the interdependence between the retirement village and the larger community.

Aging, illness, death, and widowhood are peripheral topics in these three studies. When structural aspects of the village are described, the presence/absence of



facilities and organizations dealing with health-care and death are merely noted. In addition, anecdotal case examples regarding widowhood and illness may be presented.

Lip service is given to the fact that retirement villages are "open systems," linked in various ways to wider social systems. However, these studies mainly portray the village as if it were a self-contained unit.

These three studies are weak not only because they adopt the "complete territorial community" definition of "community," but also because their methodology is weak. Jacobs (1974) provides a thorough description of activities and the activity level of residents. However, he fails to describe his methodology explicitly. Judging from his comments, his methodology seems to consist of observations and non-random interviews. Thus, his statistical information is uneven, incomplete, and highly questionable. It appears to consist of approximations and guesses.

Osgood (1982), in an attempt to provide a comparative perspective, presents three case studies of retirement villages. Such a comparative approach is admirable, but the study's methodology is flawed. The study is weakened by the small number of communities studied, by the non-random selection of the communities, by the lack of conceptualization of the general concept of "social integration," and by the failure to randomly sample an adequate number of residents.

In contrast to the sociological studies of Osgood and Jacobs, Byrne (1974) provides an anthropological perspective of a retirement village. She gives more attention to the business aspects of a retirement community. She perceives the village as a real-estate development in American culture and discusses how this business orientation influences the village and its residents. In this sense she is recognizing that the retirement village is not a self-contained entity. However, like the other two above studies, her study relies exclusively on participant observation and non-random interviewing techniques.

The case study by Haas (1980) needs to be mentioned again. In contrast to the above three ethnographic studies, this study stresses the "open system" concept. The research problem has been narrowed so that only one aspect of the village is studied--the village's ties with the wider community.

Another strength of this study is that interviews with a random sample of residents are conducted. However, this strength is also a weakness. Just as the former three case studies rely almost exclusively on qualitative data, Haas's study relies almost exclusively on quantitative data. As a result, Haas's descriptions of the links between the village and the wider community are not adequately interpreted within the sociocultural context of the village and the wider community. In other words, the study is quantitatively strong but qualitatively weak.

There are few comparative studies in the literature. In addition to Osgood's (1982) study of three communities and the study of five retirement communities in northern New Jersey by Heintz (1976), there are only two other comparative studies of retirement communities.

In the first study, researchers at the University of Michigan (Marans et al., 1982; Hunt et al., 1984) studied eighteen retirement communities. The results of this research project culminated in the development of a typology of different types of retirement communities (discussed in the previous section of this chapter). The authors present detailed case studies to illustrate these different types of retirement communities.

The second study stems from an NIA-funded research project in which thirty-six communities were studied (LaGreca et al., 1985; Streib et al., 1985). These researchers examine the politico-economic processes in retirement communities, noting the dynamics of decision making and autonomy stemming from different organizational structures, e.g., control by developers, resident control, etc. Two basic life-stage models are identified, depending on whether the residents own or rent the land.

There are two major strengths in this study. First, this study focuses on processes of change. Second, the scope of the study is narrow, focusing mainly upon retirement communities as political and economic systems.

This study serves to remind us that retirement communities are not simply places to study "aging" and "the aged." These communities operate according to the same sociocultural dynamics as any other sociocultural system. They can serve to illuminate these general processes in addition to illustrating concepts and processes of interest to researchers in social gerontology.

### Conclusions

In this literature review, the criteria necessary to define and describe pertinent aspects of a "retirement village" have been identified. Applying this information to the present study, a "retirement village" is defined according to the following criteria. Fountainview fits this definition.

- (1) It is territorially grounded, having well-defined geographic boundaries.
- (2) It is a "community of limited liability"; i.e., it is not "institutionally complete" and must be viewed as an "open system," having to depend on facilities and services outside the village.
- (3) Its major purposes are to provide independent living arrangements and leisure/recreational activities. As a rule, formal organizational structures are created to implement recreational activities.

(4) As a consequence of the type of services and facilities provided, its population is made up of predominantly younger, healthy, married retirees who have relocated.

(5) It is a planned entity, intentionally developed for profit, and usually under private sponsorship.

(6) The residential units may be mobile homes, apartments, and/or detached single-family conventionally built homes.

(7) Health care services, if available at all, are usually minimal.

(8) Its population size ranges between 1,000 and 5,000 residents.

These are the criteria that form the basis for choosing Fountainview as a "retirement village."

Fountainview is especially suitable because it is over twelve-years-old and contains increasing numbers of residents who are experiencing health problems and/or coping with death/widowhood. These conditions will facilitate an examination of the processes of aging and their impact upon individual residents and upon the retirement village.

Further conclusions about retirement villages can be drawn by integrating and interpreting the research findings reviewed in the previous two sections of this chapter.

First, the residents in retirement villages generally achieve a high level of social integration, report high

morale, and maintain an active life style. However, these findings must be cautiously accepted due to the researchers' vagueness in conceptualizing and operationalizing the concepts of "social integration," "high morale," and "active life style."

Second, retirement villages are open systems which interact with wider social systems, maintaining ties with these systems and impacting upon them. Their impact upon wider systems is generally reported to be positive. However, previous studies have not focused on how changes in the wider system impact upon the retirement village.

Third, the "public" image of an "active" lifestyle, necessary for continued real-estate sales, is the most visible image of the retirement village. It is the image upon which most ethnographic researchers have focused. Static portraits of the lifestyles of the younger, married majority of residents are presented.

Fourth, we know very little about the impact of the "processes of aging" upon residents of retirement villages and upon the entire village. More often than not, researchers have ignored or only given lip service to the fact that residents cannot remain young and active forever. Hence they have not factored this fact into the analysis of their data. For example, by not focusing on the "processes of aging," a discussion of illness, death, and widowhood tends to be excluded or becomes peripheral to the study.

Fifth, these studies of retirement villages are not comparable because they focus on different research problems and/or stress different aspects of the retirement village. The strength of each study is related to its particular research problem. Some studies are superior in the study of life satisfaction. Some are superior in the study of the structural aspects of the village.

This review has pointed out what has been omitted in retirement-village studies. The present study addresses these omissions, going beyond the research foci of previous studies. The present study has time-depth--both the processes of aging of residents and the processes of change as the retirement village itself ages are taken into account. Special emphasis is given to those changes related to the normal processes of aging, illness, death, and widowhood.

### CHAPTER III THE FIELD EXPERIENCE

Science is distinguished not by its immunity to bias, but by its awareness of bias and by the development of methodologies and the critical interactions over time within the community of scholars that enlarges, both singly and collectively, our openness to reality. (Schwartz, 1983, p. 923)

#### Introduction

A discussion of the field experience is an essential prelude to the presentation of an ethnographic case study. This discussion is necessary because there is no such thing as "THE TRUTH" or "THE ONE REALITY." Rather, there are many truths and many realities.

The ethnographic studies of cultural anthropologists have been particularly vulnerable to criticism. Each ethnographic portrait of a community/culture presents only one version of reality, filtered through the eyes of the observer. The researcher is subject to a number of biases.

Major sources of error may stem from (1) the researcher's psychological makeup, (2) the quality of the researcher's interaction with informants, (3) the particular paradigm chosen, (4) the researcher's assumptions, and (5) the extent to which the researcher takes into account variations in time and space.



The researcher's unique personality and psychological makeup is one important source of bias. For example, in the 1930s there was criticism of the ethnographic interpretation of Reo Fortune (1932) in Sorcerers of Dobu: The Social Anthropology of the Dobu Islanders of the Western Pacific. It was argued that Fortune's own paranoid view of life was projected onto the Dobu Islanders. Thus, his personal distrust of people biased his interpretations (Von Mering, personal communication, 1986).

Another source of error is illustrated by the controversy over Turnbull's ethnography of the Ik of Uganda (Turnbull, 1972). One criticism of his findings was that his negative rapport with the Ik helped create his negative portrait of the Ik (Geddes, 1975, p. 350).

One of the major anthropological debates regarding research bias stemmed from the strikingly opposite ethnographic findings between the classic anthropological study of a Mexican village by Robert Redfield (1930) and a subsequent study of the same village by Oscar Lewis (1951). Using the paradigm of structural-functionalism, Redfield described a well-integrated village in which cooperation and harmony prevailed. In contrast, Lewis used a Marxist cultural-materialist paradigm. His monograph emphasized a lack of cooperation and a number of internal tensions, schisms, and unresolved social problems within the village (Pelto and Pelto, 1978).

These two different realities originated from the selection of two fundamentally different paradigms. The researcher's choice of a paradigm determined what data was, or was not, considered to be of critical importance. Redfield collected data regarding cooperative behavior, whereas Lewis collected data which illustrated conflict.

The most recent major anthropological debate about research bias stemmed from the publication of Derek Freeman's (1983) Margaret Mead and Samoa: The Making and Unmaking of an Anthropological Myth. A number of issues concerning errors in research were raised in this controversy (see Brady, 1983).

The differences in the research findings of Mead versus Freeman are reminiscent of the contrasting findings of Redfield and Lewis. Such differences between the findings of a classic study and a later restudy raise questions regarding the validity of ethnographic studies in general.

Two sources of error are especially pertinent to this discussion. First, Freeman and Mead make different assumptions about a particular life stage--adolescence. Whereas Mead assumes that the sexual permissiveness and casualness of Samoan culture may minimize the stress of adolescence, Freeman assumes that there is no difference between adolescence in Samoa and adolescence in Western nations.

Second, the Freeman-Mead controversy deals with the dilemmas of variations in time and space. Freeman is intent

in his mission to discredit Mead. Consequently, he accounts for the differences between his and Mead's findings as being due to Mead's personal blind-spots and theoretical biases.

This is a misleading explanation because Freeman's and Mead's data have been collected during different historical periods. Freeman errs in assuming that Samoan culture is changeless. Another source of error is Freeman's assumption that there is no cultural variation between the different geographical locations from which his data and Mead's data have been collected.

The present study seeks to minimize these sources of error. Thus, a discussion of the researcher's field experience is imperative. All of the above sources of error must be considered--the researcher's unique background and life experiences, the quality of rapport established with informants, the researcher's paradigm and general assumptions, and the extent to which the researcher considers variations in time and space.

The "reality" presented in this anthropological community case study is only one "reality" seen through the eyes of one observer. To assess this "one" reality, the reader must know how the researcher obtained this reality. Thus, this chapter deals with this researcher's construction of the appearance of "reality." Since this study was conducted within this researcher's own culture, it seemed especially appropriate to be mindful of the "caveats"

learned from the criticisms of Fortune, Turnbull, Redfield, Lewis, Mead, and Freeman.

This chapter also discusses the shifting roles of the researcher during the various phases of the study. The progression of roles is based on the model developed by Kimball and Partridge (1979) and is modified to fit the circumstances of this study.

Other issues related to the field experience are also discussed. These issues include (1) site selection, (2) the manner in which the researcher develops and maintains rapport with the residents of the Fountainview, (3) the personal reactions of the researcher during the course of the study, (4) the extent to which the researcher seeks out the differing perspectives of various subgroups within the community, and (5) the extent to which the researcher attempts to utilize differing perspectives in interpreting the incoming data.

Since this chapter is a personal account of the researcher's experiences, the remainder of the chapter will be presented in the first person singular.

#### Research Problem and Site Selection

The selection of a field site was guided by the research question--"What happens to a retirement village as it ages and as its residents age?" It was not my intention to present the typical static portrait of a retirement village found in the literature. Rather, the present study

focuses on sociocultural change, especially the manner in which the village deals with the issues of aging.

My desire was to conduct a study not written in the ethnographic present. It was very important to me that the study should be conducted so that changes in the village could be documented. Thus, to achieve such time depth, data collection includes the collection of historical community documents, interviews with both present and past key leaders of the village, and a comparative study of the activities and perceptions of different cohorts of residents.

Moreover, from the outset, it seemed inappropriate to focus all my efforts on one segment of the community--the married, "active" residents. Rather, I wished to study and understand a wide variety of life-course tasks with which residents might be confronted during their years in a retirement village. I hypothesized that major shifts in these various life-course tasks would be likely to stem from changes in marital status (e.g. widowhood and remarriage), changes precipitated by the normal processes of aging, and changes resulting from the illness(es) of a resident and/or the spouse of a resident.

Connected to these changes in residents' life-course tasks is the retirement village's response, or lack of response, to these life-course transitions. In other words, what village structures are created to support residents who are experiencing the effects of aging?

To obtain pertinent data for my study, the following criteria for site selection were developed: (1) The retirement village should be at least ten-years-old. (2) The village's turnover rate should be low (i.e., less than 5 percent annually) so that many of the original residents still resided in the village. (3) The village should presently be making an effort to address the needs of an increasingly older population. Thus, it would be possible to trace the unfolding of these efforts over time.

Six retirement villages in central Florida were visited. Only Fountainview fulfilled my criteria of selection. This retirement village was in the early stages of planning an adult congregate-living facility.

With hindsight, a less conscious selection criterion was also operating. This covert criterion was my own personal visual image of how a retirement village should look. As a product of the urban American white-collar middle-class, I shared the dream of many retirees of similar backgrounds--the dream of a beautiful community of sunshine, palm trees, and water combined with all the accoutrements of an active, but leisurely, social life in a small-town environment. Fountainview fulfilled this image. It seemed to be the most beautiful village visited, and, being the largest, it had the most clubhouse activities available. It was the dream personified.

Phase One: Entry into the Village--January-May, 1984

In January, 1984, permission to study Fountainview was obtained in my first contact with the manager and the president of the residents' association. This ten-year-old village was one of the two oldest retirement villages in this area of central Florida. It was also nationally known due to its former connection with a national organization of retirees. Thus, Fountainview was familiar with, and welcomed, research being conducted in their "prestigious" community. Since my study would extend over a long period of time, a village that so willingly welcomed researchers was an asset.

The first phase of my research was conducted from January to May, 1984. At that time my goals were (1) to obtain an history of the community, (2) to trace the ongoing activities and issues involved in the planning of an adult congregate-living facility within the retirement village, and (3) to obtain an initial understanding of the social context of the community.

To accomplish these goals, current and past key community leaders were interviewed. Board meetings of the residents' association and special meetings concerning the planning of the adult congregate-living facilities were attended. I became a participant observer of the residents' activities within the clubhouse setting--both special events, such as a spaghetti dinner and an art show, and regularly scheduled classes and recreational activities.

By participating in events and talking with residents in social situations, initial rapport was established. My objective was to communicate to the residents that I would relate to them as "people" and would not view them merely as "subjects" of research.

During this time period, my status and role in Fountainview was as a visitor-guest. This status was highly visible to residents because I had neither gray hair nor any of the other physical signs of aging that would qualify me as a resident. Even though I was in my early forties (over the traditional age for being a student) and did not consider myself as "young," I was viewed as a "kid" within the village.

I could not live in Fountainview because it was not possible to be a resident if one was under the age of fifty. Thus, when I met residents who did not know me, their frequent question was, "Who are you visiting here?" When they learned about my role as a researcher, they often cordially told me about themselves and Fountainview, invited me to their home or to a clubhouse activity as their guest, and/or offered the names of other residents whom I should interview.

The number of residents who were aware of my presence in the village was increased when I was interviewed on Fountainview's closed-circuit cable television program. My appearance on this program brought forth a variety of responses from residents.



One response was an invitation from one of the program-committee chairpersons to speak at their end-of-the-season luncheon--another guest role and a further chance to increase my visibility. Second, several residents phoned or came to the clubhouse to share information with me. A third set of responses involved attempts to incorporate me into the political issues of the community.

Following my television appearance, the village "critics" sought me out, wishing to communicate their perspectives on local issues. My presence in Fountainview could have been jeopardized if I had accidentally, or on purpose, sided with any particular group of residents. It was imperative that I communicate my impartiality to residents.

At the same time, it was my desire to obtain a variety of perspectives. Thus, I needed to develop rapport with a number of different segments of the population. As an "outsider," my ability to develop and maintain a delicate balance between the various segments of the village was imperative. It was especially crucial in the area of village political issues.

Although I was being observed and evaluated by residents in general, my impartiality was tested especially by the so-called "critics" and by the official leadership of the residents' association. In public appearances (such as the cable television appearance and luncheon speech), I was questioned on my views regarding the residents' association

or directly requested to make ritualized statements about the special qualities of this "unique" village.

In refusing to make a ritualized statement, my role as an impartial researcher was clarified to residents. In responding to questions of a politically sensitive nature, I was able to demonstrate my objectivity to both political groups. As a result, I had access to and was able to maintain rapport with both groups.

My early months in the community were challenging as I was overwhelmed with a deluge of data from a large number of people, events, and documents. Adding to this challenge was the fact that I, as a middle-class American, was studying other middle-class Americans. Was it possible to study my own culture objectively?

Initially, I noticed the things that were different between this village and my own urban/suburban middle-class environment. The most striking difference was the small-town nature of the retirement village. Residents waved as I drove through Fountainview. Within the clubhouse complex residents spoke to me, even if they did not know me. These friendly greetings were in sharp contrast to the urban environment in which people tend to avert their eyes when passing a stranger on the street.

In these initial months I found myself becoming emotionally connected to Fountainview. It was quiet and peaceful. I could feel safe and secure within this village.

I could drop my guard, feeling that people could be trusted. I could walk or bike throughout the community without fear.

It was a pleasant experience to observe and participate in unhurried, face-to-face interactions. Residents were not rushing off in a frenzied pace. They had the time and took the time to interact with other human beings. At times, I even felt envious of this form of existence. I wished that I could live in a place like this where human relationships had a high priority.

An anthropologist must be constantly alert in finding one's cultural "blind spots" while studying one's own culture. Thus, I became especially interested in the perspectives of a male resident who was part Native American.

This resident communicated his amusement regarding the behavior of the residents. He chuckled about the residents' concerns over maintaining well-manicured lawns. He shook his head negatively as he commented on the manner in which residents had cut themselves off from the outside world, preferring to stay in their own territory. He was unhappy with some residents' intolerance of young people who visited their relatives in Fountainview.

Hearing an alternative perspective, such as this Native American's perspective, led me to seek out further alternative perspectives. I concluded that such contrasting perspectives would provide me with oppositions which I would have to reconcile. It would help me to avoid blindly

accepting the official residents' association's perspective--that Fountainview was one unified group and that the village was unique.

Events of the moment further spurred my interest in alternative perspectives. For example, I observed a great deal of controversy over the issue of purchasing adjoining land for the adult congregate-living facility. I positioned myself in places where I would hear the controversy. I began observing a men's "gossip group" which board members had described as a location where the "critics" of the community met.

Shortly before the end of this exploratory period, I experienced sadness over the death of a resident whom I had interviewed on several occasions. After visiting this resident's widow, I left the village for a short summer vacation, wondering how many more illnesses and deaths of residents I would experience before my study was concluded. These experiences would continue to be an unpleasant reality with which I, as well as residents, had to cope.

#### Phase Two: June-July, 1984

In reentering Fountainview after a few weeks vacation, I was startled by "how old" the residents were. In my initial personal contacts with residents, I had related to their personalities, not their age. I had "forgotten" their age. Now it was suddenly visible to me. My perspective was altered--now "age" was factor to be considered more systematically.

It was never totally possible to shed the visitor-guest role. Since this village had a population of almost two thousand residents, there were always more residents to meet, regardless of the rapport established through my past contacts. However, this visitor-guest role faded within the clubhouse complex as the residents who regularly frequented this environment became accustomed to my presence.

I consciously changed my research behavior in this phase of my research. My goal was to expand my contacts within Fountainview--the explorer role. My central focus would be on a randomly selected sample of singles in the village.

Although the majority of residents are permanent residents of Fountainview, many residents are absent during the summer. Thus, I predicted that my response rate for a randomly selected sample of singles would be low. This would preclude the possibility of analyzing the results quantitatively. However, I still randomly selected my single respondents in order to obtain as much unbiased coverage as possible. I decided to construct an open-ended interview form and to gather both qualitative and quantitative data.

I began knocking on the doors of the single residents in the sample. My acceptance was aided not only by the visibility which I had developed in Fountainview, but also by the fact that I was more aware of the workings of the village.

Obtaining cooperation from residents within a retirement village is easier than it is within an urban environment. This cooperativeness is facilitated by the village's security features. No one can be in the village without passing through the security gates. This eliminates most initial suspiciousness from residents. In addition, I obtained a name tag identical to the name tags worn by residents when they attend clubhouse functions. In wearing this name tag, I had one visible mark of being an "insider" (although my hair had not yet turned gray!).

I also regularly attended the men's gossip group. There were two main reasons for my participant observation of this group. First, I wanted to learn more about the workings of the village and keep abreast of current events within Fountainview. The second reason was personal and social. I enjoyed visiting the group at the end of my work day.

One female resident frequently joined the men's gossip group. Her presence facilitated my acceptance into this almost-male domain. Yet, initially I was a visitor-guest. Cigar smokers expressed their courtesy by attempting to confine their smoke to a given territory. If a member became "too colorful" in his language, he was reminded of my presence. Over time, the most frequently attending members relaxed and forgot about my presence.

The size of the group fluctuated over the summer, as members took their vacations. When the size of the group

ebbed, I discovered that my presence was especially welcome. I learned behavioral expectations, such as returning one's chair to its former location at the end of the hour and emptying the ash trays if I smoked.

I am not naive enough to believe that there were not times when an especially sensitive topic was withheld from the group's discussion when I was present. Yet, there were occasions when someone would make a statement and then tell me that "that's off the record."

My female status in a male group also was a influencing factor, although it seldom came to the surface. When it did surface, it was surrounded with humor. For example, on one occasion, a widower offered to take me to a restaurant in the area. The group laughed heartily at my reply: "If I did that, I would probably be thrown out of the park by the widows!" The group also ribbed the informal leader of the group when he would give me a "welcome back" hug when I had been absent for a period of time.

However, my summer's research in Fountainview became increasingly depressing. Most of my interviews were with widows in their seventies. Illness and death and mourning became ever-present topics. Although the members of the men's gossip group discussed a wide variety of topics, I became overly sensitized to comments on the unpleasant aspects of aging.

My perspective on Fountainview had shifted from one extreme to its opposite--from romanticizing the small-town

environment of the village to focusing too exclusively on widowhood, illness, and death.

I also experienced a sense of social isolation. Although I did not live in the village, I was immersed in the village emotionally, as well as professionally. Commuting to the village daily during the week, I was cut off from campus life and from my usual social contacts. The men's gossip group became my main source of social contact. In addition, I became better acquainted with staff, attending several staff meetings and informally interviewing staff members.

Hiatus: August, 1984-December, 1985

The first two phases of my fieldwork were completed. The next steps were to conduct a preliminary assessment and analysis of the mass of data obtained, to develop a tentative synthesis of these data, and to plan future research objectives and activities.

It was my intention to schedule weekly contacts with Fountainview during this time, but the demands of a teaching assistantship, course schedules and assignments, and preparations for doctoral qualifying exams put a damper on this plan. Visits averaged once a month. There were several periods of time when I was unable to visit at all. The periodic visits allowed me to follow the progress of the residents' association's planning for an adult congregate-living facility and to maintain my contacts with the men's gossip group and with other resident-/staff-informants.



During this unplanned hiatus, the process of moving from a subjective to an objective perspective took place. This process was originally unplanned and unconscious. The process became conscious over time. It involved both an emotional and an intellectual restructuring of my relationship to Fountainview.

The subjective filter through which I had been viewing Fountainview had already begun to fade prior to the hiatus. I had moved through the early stage of being enamored with the village and its people to the stage of depression and disillusionment. In both of these stages, emotional responses, rather than intellectual responses, were primary.

During the hiatus, the restructuring process was aided by my geographical and social distance from Fountainview and by my re-entry into my own social and professional groups. My emotional attachments to Fountainview waned in direct proportion to my reestablishment of emotional ties with my own groups.

As my emotional attachments to Fountainview decreased, it became possible to work consciously on restructuring my relationship with the village. Being "at a distance" from Fountainview, I began the process of combining my intellectual knowledge about retirement villages and about sociocultural processes with my experiential knowledge of Fountainview.

Thus, I was able to synthesize existing data before proceeding further. I wrote a preliminary analysis of the

political events that I had observed. In connection with a sociology class on death and survivorship, I analyzed data collected in my interviews of singles. These descriptive analyses were one step in my continuing intellectual struggle "to see the forest" rather than "the trees."

With these tasks accomplished, I began to organize and clarify the remaining research tasks which needed to be accomplished. I concluded that, in a village of almost two thousand residents, the collection of quantitative data from a random sample would be necessary. Otherwise, my perspectives on the village would be incomplete and biased. Thus, the data must (1) provide a comparative perspective on different segments of the population and (2) shed light on the sociocultural changes within the village.

In discussions with the chairperson of my doctoral committee, the methodology that would achieve my research goal was formulated. A comparative view would be gained by dividing the village population into three cohorts and collecting data on the two extremes--the "early settlers" and the "newcomers." The middle cohort would be ignored. Data on daily activities would be obtained from these two cohorts and compared in order to identify the similarities and differences in activities. Differences would be assumed to represent changes in the life course of residents over time.

I was interested in including a representative number of singles within my samples. This would allow their daily

lives to be documented for the first time in the literature. Thus, it was decided that four random samples, rather than two, would be necessary. These samples were (1) married early settlers, (2) single early settlers, (3) married newcomers, and (4) single newcomers.

In determining my research methodology for collecting data on daily activities, I struggled over the issue of the validity and accuracy of reported behavior versus observed behavior (see Bernard et al., 1984). In time allocation studies (see Gross, 1984), direct behavioral observations through random "spot checks" result in more accurate data, provided that a large enough number of random observations is made on a random sample of sufficient size.

However, there are several disadvantages to behavioral observations. The accessibility to single-family dwellings in the United States is limited. People's desire for privacy affects the number of hours when they are available for random "spot checks."

Even if permission is obtained to observe persons within their homes, observations are affected by the presence of the observer. This observer effect may be minimized, although never totally eliminated, by remaining in the home for a lengthy period of time. Yet, establishing the necessary rapport to minimize the effect is time-consuming. Since the realities of research demand that data-collection be kept within manageable proportions, the

use of direct behavioral observations would necessitate a decrease in the size of the sample.

Two decisions precluded using the methodology of randomized behavioral observations. First, for each randomly selected resident, it was my aim to collect data on one randomly chosen twenty-four-hour day, including those times when it would be difficult to observe, i.e., early morning, late evening, and the middle of the night.

Second, it was important to minimize the sampling error and, at the same time, to keep the total number of respondents within manageable limits. Thus, it was my decision to establish the following guidelines: (1) The size of each of the larger two samples (i.e., the two married cohorts) must be, at minimum, 5 percent of the total number in the sampling frame. In the two smallest sampling frames (i.e., the two single cohorts), a minimum of twenty-five residents from each cohort must be included. These guidelines resulted in a combined total of 126 potential respondents in the four random samples.

These above decisions have an advantage and a disadvantage. The advantage is wider coverage, i.e., the entire twenty-four-hour day and larger sample sizes. The disadvantage of using "reports" of behavior, rather than observations of actual behavior, is a loss of accuracy. However, since the objective of this study did not demand the collection of fine-tuned, detailed data that would

account for small segments of time, this compromise was acceptable to me.

In addition to the collection of time-allocation data, it was decided that residents would be asked open-ended questions about the changes within the community and their perspectives on the future of the community.

### Visits During the Hiatus

When I visited the village after a lengthy absence, I was surprised to discover the extent to which my perspective had been altered as a result of my "distancing." Behaviors which seemed random and unpredictable previously were now predictable. I was able to categorize certain interactions which I was experiencing with residents.

For example, in meeting residents for the first time, I immediately recognized that their verbalizations about the "excellence" and the "special uniqueness" of the village represented the culturally conditioned ritual behavior that is expected to occur between visitor-resident. Also, the political stances taken by the board members of the residents' association and by the so-called "critics" were predictable and explainable.

I felt elated about this newly found "omniscience." And sometimes I felt cynical as I observed the contradictions between the verbalizations and actual behavior of residents, especially in the context of political issues.

In August, 1985, I moved to Grantsville, the commercial-service center near the village of Fountainview. Through informal interactions with Grantsville's residents, I discovered negative attitudes toward Fountainview. These residents expressed their displeasure toward Fountainview in particular and toward the influx of retirees in general. The territorial and social isolation between Fountainview and Grantsville encouraged stereotyping and scapegoating. Here were two separate worlds, neither of which understood the other.

I welcomed these new data. In fact, I considered expanding my study so that I could address one of the problems in community studies, namely, the failure to consider a retirement village within the context of the wider community system of which it is a part. However, time limitations and the need to narrow my research focus precluded a thorough study of this research problem.

Re-entry into the Field: January-August, 1986

Having made a midpoint assessment of my data and having decided on my future research activities, I reentered Fountainview as a systematic investigator. My research activities were selective, and my research objectives were focused.

The residents who had prior contact with me or who knew of my prior presence in Fountainview welcomed me. The program coordinator of the clubhouse activities referred to me as "their resident anthropologist," a term that expressed

the incorporation of my role into the social structure of the village. Obviously I did not reside there, but I was still part of Fountainview. Maybe I was seen as a resident because I had been there so long.

I selectively attended clubhouse functions, but my central purpose in doing so was different than my previous purpose. It had been two years since my initial entry into the village. Since that time, brisk real-estate sales had resulted in the addition of many newcomers who might not be aware of my role in the village. Thus, I attended a newcomers' tea in order to become visible to these new residents.

I also accepted an invitation to present a slide show for the Travel Club. My motivations in doing this slide presentation were two--to renew my visibility in the village and to "give" to the residents who had "given" their time and information to me. Knowing the lengthy process involved in completing my research and writing my dissertation, I felt that it was important to share something of myself with the residents now. Sharing the results of my research would come later.

As a systematic investigator, my central activity was interviewing residents and obtaining a daily diary from my four random samples of residents. Data collection was focused. Specific questions were asked and answered. When the major data collecting was completed, coding and analysis followed.

When it became possible to summarize the data on daily activities, I returned to the community to collect further qualitative data which would illustrate these generalizations. This continual interaction between quantitative and qualitative data served to add more details to my findings.

The most difficult decision in studying a village in close proximity to the researcher is to know when to quit. Yet, having a field site in close proximity is also advantageous. When the analysis is in progress, unexpected gaps in information can be filled.

The decision to terminate the research/ finally had to be made. It was difficult because there is always more to learn. And it was difficult to say "good-bye" to friends. One rationalization which aided my termination of research activities was to think, "Perhaps another study of the village in five or ten years will be possible."

#### Summary of Research Roles and Activities

This chapter has presented a personal account of the field experience. My shifting roles from visitor-guest to explorer to systematic investigator were traced. The role of participant observer was present throughout the field experience.

Between the roles of explorer and systematic investigator an hiatus of seventeen months occurred. Although periodic visits of the field site took place, this break served as a distancing mechanism. It allowed me to



restructure my relationship with Fountainview, to carry out a midpoint assessment of the collected data, and to plan future research activities.

Visibility within the village was established and later reestablished upon re-entry after a long absence. Throughout the field experience, I was constantly developing rapport with new informants and maintaining previously established rapport with key informants. The importance of communicating my impartiality toward different community groups was emphasized. Such a stance facilitated my accessibility to a variety of groups. This accessibility was central to my interests in seeking out a variety of perspectives.

Recognizing the difficulties of "seeing" one's own culture within an American retirement village, I discovered that the "distancing" experience during the hiatus allowed me to reenter the village more objectively. Also, a lengthy period for a midpoint assessment allowed me to approach the data from a variety of conceptual perspectives, thus enriching tentative generalizations and directions for future research activities. Finally, almost three years elapsed between my initial contacts with the village and the completion of the study. This permitted me to observe directly the changes in the community during that time period.

A visual summary of the research roles during each research phase, along with a summary of the methodologies

used during each research phase, will be presented in Figure 4-1 (at the end of Chapter IV).

## CHAPTER IV METHODOLOGY

### Problem Statement

The present study is an anthropological case study of a central Florida retirement village, referred to by the pseudonym "Fountainview." Two interrelated research questions are addressed in this study--(1) what changes occur in a retirement village as it ages and (2) what changes occur in the lives of residents as they age?

These two questions yield two research foci--(1) the study of the historical changes in the sociocultural system of a retirement village over time and (2) the study of the changes in the daily lives of residents from time of entry into the village to time of exit from the village. The interrelationship between these two parts of the study is addressed by assessing the quality-of-life of residents throughout the years of Fountainview's existence.

Time sequence is used as a major analytic variable in this study. All data-gathering activities are focused on obtaining information about the retirement village and the lives of Fountainview's residents at many different points in time.

## Underlying Premises and Concepts

### Premises in Studying a Sociocultural System

The research strategy underlying the first portion of this two-part study--the study of historical changes in the sociocultural system of Fountainview--rests upon two premises.

First, it is assumed that the survival of a sociocultural system rests upon a viable base which is composed of two subsystems--the economic subsystem and the demographic subsystem. This foundation sets limits upon the manner in which, and the extent to which, the organizational structures and the ideology of the system can successfully introduce change within the system and/or respond to changes in the economic and demographic subsystems (Harris, 1979, p. 56).

In other words, economic and demographic factors are the primary causal factors, placing constraints upon, or facilitating, the potentialities of a sociocultural system. As long as these factors remain unaltered, there is a high probability that any attempt to innovate will be unsuccessful or, at minimum, will lead only to minor "compensatory changes" which maintain the integrity of the system as a whole (Harris, 1979, pp. 71-72).

Using this premise in the present study, research priority focuses on tracing the historical continuities and changes in the economic foundation and the fluctuations in demographic patterns within Fountainview. Since the

foundation of the village system is intimately tied to the policies enacted by the political economy (i.e., the formal organizational structure representing the village's owners/developers), the political economy of Fountainview is also examined.

Second, it is assumed that the village is an "open" system. In this study the focus is upon those external factors which impact upon the retirement village of Fountainview. Since special emphasis is being given to the economic and demographic subsystems of the village, we are particularly interested in identifying those external factors which create stress on these subsystems.

#### The Concept of "Life-Course"

The second portion of this two-part study focuses on the study of the changes in the daily lives of Fountainview residents from time of entry into the village to time of exit from the village. This portion of the study is guided by the concept of "life-course."

The concept of "life course" reflects the idea that, throughout their lives, people engage in a series of adaptive tasks in response to "the configuration of cultural expectations, resources, and barriers that exists during a particular time period" (Newman and Newman, 1987, p. 417). Since this concept refers to the sequencing of events over time, it is compatible with the present study's emphasis on change.

Although "life course" refers to the entire life cycle from birth until death, it is permissible to focus upon a specific segment of the life course. This permits the construction of a detailed portrait of the adaptive tasks of a group of people during a particular time-segment in their lives. In this study our interest is in the retirement years of later adulthood within a specific environment--a Sunbelt retirement village.

The life-course perspective emphasizes "turning points" or "transitions" throughout the various life-course stages of individuals. Some life-course transitions, such as adjusting to increased amounts of leisure time due to retirement, are common to retirees in a variety of environments. Other transitions are specifically related to adjustments precipitated by relocation to the retirement-village environment.

This study emphasizes two major transitions. First is the transition from being an healthy, active retiree to becoming an "elderly" person who is experiencing varying degrees of difficulty in functioning due to the normal processes of aging and/or illness. The second transition involves a shift in marital status--from "couplehood" to "singlehood" due to the death of a spouse.

#### The Concept of "Person-Environment Congruity"

The concept of "person-environment congruity," as used in the present study, is based upon the researcher's background in social work. Other researchers, including

Lawton (1982) and Kahana (1982), have also developed the concept of a "fit" or "congruence" between the person and his/her environment. In addition, Carp (1976, pp. 265-266) discusses the concept of "person-environment congruence" (Streib, personal communication, 1988).

In the present study, emphasis is placed upon determining those individual needs which are related to the major adaptive tasks of older adults and identifying the environmental resources available to meet those needs. The "fit" or "lack of fit" between task-needs and resources is a qualitative indication of the extent of congruence between the person and his/her environment.

The pattern of the life course is influenced by the environment. An environment in which there are available resources appropriate to the tasks at hand can be termed a "supportive environment." In such an environment there is "person-environment congruity." Task-work is facilitated.

In a "nonsupportive environment" in which appropriate resources are lacking, there is "person-environment incongruity." Individuals must depend upon their own personal resources and/or seek out appropriate resources in other environments to successfully complete their task-work.

The "fit" between the sociocultural system of Fountainview and the life-course tasks and needs of residents during different periods of time is qualitatively assessed in terms of "person-environment congruity" in the study at hand. This "fit" is one measure of the residents'

"quality-of-life." Both concepts--"person-environment congruity" and "quality-of-life"--are used synonymously. They refer to the extent of congruence between the person and the environment.

### Objectives

The study of historical changes in the sociocultural system of Fountainview (Part One of this two-part study) has four objectives--(1) to describe the demographic characteristics of the village over time; (2) to describe the economic foundation of the village over time; (3) to describe the nature of, and changes in, village programs and services related to the normal processes of aging, illness, widowhood, and death; and (4) to analyze the nature of, and changes in, other village organizational structures (e.g., the political economy and the recreationally-oriented "club" structure) in the light of changes in both the demographic and economic foundation of the village.

The study of changes in the daily lives of residents (Part Two of this study) has four objectives--(1) to obtain information regarding the reasons for exit from the village and relocation destination (exodus study), (2) to obtain a comparative portrait of different cohorts' patterns of daily activities (time-allocation study), (3) to obtain a comparative portrait of different cohorts' perceptions of the village and their lives in the village, and (4) to construct a life-course trajectory of residents from time of entry into the village to time of exit from the village.



The central goal of this study is to clarify the relationship over time between (1) the sociocultural system of the retirement village of Fountainview and (2) the life-course tasks and needs of village residents. Applied implications and recommendations are presented.

### Definitions

This case study of Fountainview focuses on the changes which occurred during the twelve years and nine months of the village's existence, i.e., through the summer of 1986. "Change" in the sociocultural system is defined as follows: (1) alterations in the demography of the village over time; e.g., changes in the composition of the village population--changes in average age and in sex ratios; (2) alterations in the economic foundation of the village, including those changes in the economy of the wider societal system which impact upon the village; e.g., changes in sources of income, changes in expenditures, and changes in the volume of real-estate sales; and (3) alterations in the village's formal and informal organizational structures; e.g., changes in ownership and management and changes in the facilities/programs/services designed to meet the needs of residents.

"Major sociocultural change" is defined as a structural alteration in the economic/demographic foundation of the system, leading to alterations in all other parts of the system. In a retirement village one example is a shift from being solely a recreationally oriented retirement village

serving younger retirees to becoming a life-care/  
continuing-care community in which all ages of retirees are  
served.

"Minor compensatory change" is defined as a change in  
any part(s) of the system to maintain the viability of the  
system in its present form. An example is the addition of  
more recreational facilities to assure the continued  
attraction of newly retired persons into the retirement  
village.

"Change" in the daily lives of village residents is  
defined as follows:

- (1) alterations in the types and locations of the daily  
activities of residents as they age and/or are widowed,
- (2) alterations in residents' perceptions of the village and  
of their own lives as they age and/or are widowed,
- (3) alterations in residential location as residents age  
and/or are widowed,
- (4) alterations in the life-course tasks of residents as  
they age and/or are widowed, and
- (5) alterations in the needs of residents as they age and/or  
are widowed.

These life-course changes emphasize changes due to the  
biological processes of aging--decreased stamina, decreased  
mobility, sensory deficits, illness, death, and widowhood.

#### Pertinent Methodological Considerations

There are two related issues to be considered in the  
research design of this study. The first issue concerns the

measurement of change (Bernard and Killworth, 1979). Second, there is the issue of balancing reliability versus validity (Wax, 1970, pp. 48-51).

The measurement of sociocultural processes is problematic, given the dynamic nature of these processes. At best, researchers have only been able to observe social phenomena at one point in time. By making repeated observations of the phenomena being studied, a series of observations are strung together to portray change over time (Bernard and Killworth, 1979, p. 36).

However, the various points of time selected for measurement may not yield an accurate picture of the sociocultural dynamics at work. For example, let us visualize the dynamics of a situation as a wavy line which progressively and repeatedly moves above and then below the mean. If measurements were repeatedly taken when the wave was at its crest, a researcher would conclude that this system was in a "steady state." Likewise, observations might yield a progressively downward trend if they were timed accordingly (Bernard and Killworth, 1979, pp. 36-37).

Three methodological approaches decrease the probability of such errors: (1) the collection of both quantitative and qualitative data, (2) the use of multiple data sources which can be compared and cross-matched, and (3) the collection of data at many different points in time. The present study of change in a retirement village uses these three methodological approaches.

The first approach--the use of both qualitative and quantitative methods--addresses the issue of reliability versus validity. Anthropological methodology has been criticized for its emphasis upon "understanding," i.e., verstehen, rather than upon prediction. Anthropologists have primarily relied on qualitative data obtained by the method of participant observation. This methodological approach stresses the importance of validity, i.e., measuring what is supposed to be measured.

In contrast, reliability refers to the ability to obtain the same results each time a measurement is repeated. However, an exclusive reliance on quantitative methods by sociologists has also been criticized. When the context and meaning of the observations are missing, statistical analysis and interpretation occur in a vacuum. Also, the results yield a "statistical person"--one who does not reflect the reality of any individual.

The tension between validity and reliability in anthropology has been addressed by using an eclectic approach which relies on both qualitative and quantitative data. In this study, qualitative data regarding the history and the sociocultural context of the retirement village of Fountainview, as well as qualitative data on the activities and perceptions of residents, are collected through the methods of participant observation, interviews, and the examination of community documents.

Also, quantitative data regarding the demographics of the population of Fountainview, the reasons for out-migration and relocation destinations, and the activities of residents are collected. Both descriptive statistics and tests of statistical significance are calculated.

The second methodological approach used to minimize error--the use of multiple data sources--has been illustrated by the above listing of both quantitative and qualitative data sources. Each data set has a different level of credibility. To achieve an optimum level of credibility, the data from these various sources can be cross-checked to determine whether or not they support each other.

The collection of data at many different points in time--the third methodological approach used in this study--is necessary for the construction of an accurate portrait of (1) the life-course changes in the daily activities and perceptions of residents and (2) the historical changes in the sociocultural system of Fountainview. Both the use of multiple data sources and multiple time periods strengthen the likelihood that (1) patterns of change/nonchange have been accurately identified and that (2) underlying structural changes in the sociocultural system have been differentiated from minor fluctuations and "compensatory adjustments" within the system.

It is difficult to present a balanced account of both structure and process. The more that is known about structure, the less that is known about process, and vice versa. In studying change the profession of anthropology continues to be faced with this problem. It is believed that, by collecting and cross-matching both qualitative and quantitative data from multiple sources and from different time periods, it has been possible to say something valid in reference to Fountainview. This is a proper approach in the absence of precise measurements of change processes.

#### Methodology of Part One: Historical Change in Fountainview

To study historical changes in the sociocultural system of Fountainview three methodological techniques are used: the collection of community documents, interviews, and participant observation. These techniques tap three different data sources: written records, the verbal reports of residents and staff, and the actual behavior of residents and staff.

#### The Collection of Community Documents

To obtain demographic data and a history of the village, community documents are utilized. In Fountainview, there are several sources of documents. Official community documents are readily available. These documents are the weekly and monthly newsletters announcing program activities, the periodic newsletter of the residents' association, and the eight-page quarterly bulletin which presents feature articles on residents and community events.

In reconstructing the history of the village during and following the time of the residents' purchase of the village, the residents' association's newsletters are of special importance.

Resident committees have records of the deaths in the village and annual reports regarding volunteer activities within the village. Sometimes it is possible to find and obtain copies of old newsletters, real-estate brochures, and phone books from residents. Even an alternative history, written by one of the so-called "critics" of the village, was donated. The village's historian maintains a photographic record of events.

The most thorough, regularly recorded information in a retirement village is found in the offices of management and real-estate sales. From these offices it is possible to obtain an up-to-date computerized list of residents, a map of the community, real-estate brochures, a telephone book, current real-estate listings, and other information related to real-estate sales.

Further information on Fountainview can be obtained from research documents. Since the existence of this retirement village was publicized nationally, the residents have been asked to participate in a number of studies, including one doctoral dissertation prior to the present dissertation. Also, one former marketing study and one planning study were available.

In analyzing these community documents two sources of bias (Webb et al., 1981, p. 79) are kept in mind. The first source of bias--selective survival--is an important problem in Fountainview's documents. When the community was sold to the residents, the original owner kept or destroyed most documents. Also, records regarding clubhouse activities had been sorted and selectively discarded by one of the former program directors. Thus, written information about real-estate sales and program activities during the 1970s is lacking.

The second source of bias--selective deposit--also must be considered. In any community, official publications are more likely to be available, whereas unofficial, informal papers are unavailable. Official publications are selectively edited, being circulated to meet the express purposes of the sponsor. As such, they provided the researcher with a mirror of the values of the village. At Fountainview, as well as at other retirement villages documented in the literature, such official records exclude information about illness and death. The image of an "active" community is portrayed in the official publications.

The analysis of community documents is carried out in conjunction with the analysis of interviews and participant-observation data. By comparing and combining data from these three sources, an attempt is made to reconstruct a more accurate and complete picture of the



community. Consistency in data from two or more sources provides supportive confirmation.

### Interviews

Open-ended interviews with community leaders, residents, and staff are included to obtain more detailed information on the history of the village and on individuals' perceptions of village events and issues, both past, present, and future. Throughout the entire study, an effort is made to interview a cross section of the population of Fountainview, e.g., board members of the residents' association and "critics" of the community, singles and married couples, and "early settlers" and "newcomers."

Since "change" is the central focus of this study, particular attention is given to obtaining information about residents' perceptions regarding (1) the village at the time of their arrival, (2) how the village has changed during their years of residency, and (3) major issues facing the village now and/or in the future. This information is qualitatively analyzed by focusing on the differences in perceptions between "newcomers" and "early settlers."

### Participant Observation

The method of participant observation is used to obtain a picture of the changes in the village during the almost-three years of the study. Special attention is given to tracing the flow of events surrounding the planning of an adult congregate-living facility and observing the changes

resulting from the influx of newcomers and from the aging of residents.

Many events within the clubhouse complex were observed and participated in. These events included board meetings and annual meetings of the residents' association, the singles' club, Brown Bag luncheons, the Fourth of July activities, the health fair, spaghetti dinners, AARP meetings, camera club meetings, the annual art show, cable television programs, and a variety of weekly craft and recreational activities.

Throughout the study the daily informal meetings of a men's gossip group within the clubhouse were attended. From this group it was possible to gather data regarding the latest happenings within the village and their concerns over events within and outside the village.

Also, the daily activities of residents at home and in their neighborhood were observed throughout the study. This qualitative information on the daily activities of residents is used to enrich the findings of the quantitative time-allocation study (discussed later in this chapter).

The data obtained through participant observation contribute to both parts of this two-part study. It was possible to witness almost three years of the village's history firsthand and to observe the manner in which the sociocultural system operates, especially the village's political economy, the "club" structure, and the informal and formal programs and services for aging residents. It

was also possible to obtain a wealth of qualitative data on the daily activities of Fountainview residents.

Methodology of Part Two:  
Changes in the Daily Lives of Residents

To study the changes in the daily lives of residents from time of entry into the village to time of exit from the village, three methodological techniques are used--

(1) twenty-four-hour diaries, (2) interviews, and (3) participant observation. These techniques tap three different data sources--(1) residents' written reports of their behavior for a specific twenty-four-hour period, (2) residents' verbal reports of their behavior in general, and (3) the actual behavior of residents.

In addition to the observation of residents' behavior and the informal interviews of residents (described in the previous section of this chapter), three specific substudies are conducted--(1) the time-allocation study, (2) the exploratory study of singles, and (3) the exodus study. Two of these studies--the time-allocation study and the exodus study--are designed to obtain quantitative data from random samples of residents.

Both quantitative data and qualitative data from these different data sources are cross-matched and compared to obtain portraits of the daily lives of different groups of residents. Change is simulated by comparing the activities of "newcomers" and long-term village residents, i.e., "early settlers." Also, since a shift in marital status, i.e.,

widowhood, is one of the possible changes which may occur as length of village residence increases, special attention is given to a comparison of the daily lives of widows/singles versus married couples.

### The Time-Allocation Study

#### Background of the time-allocation study

A comparative time-allocation study is included in this case study to measure changes in residents' daily activities over time. The usage of time by village residents may change as a result of the impact of the normal processes of aging, illness, and/or the death of a spouse. Shifts in the allocation of time may include (1) changes in the amount of time spent in various types of activities and (2) changes in the amount of time spent in various locations.

A longitudinal study of changes in daily activities of one group of residents would be ideal. Given the time constraints of this study, an alternative approach was chosen--a comparison of two extremes. These two extremes are represented by two groups (i.e., cohorts) of residents--(1) those residents who have lived in the village for nine or more years, i.e., "early settlers," and (2) those residents who have lived in the village no more than four years, i.e., "newcomers."

This research design is an attempt to simulate a "before-after" comparison. It is assumed that cohort differences in the usage of time are indicative of changes

that have occurred over time among residents who are in the "early settler" cohort.

In addition, the activities of both single residents and married residents in these two cohorts are compared to identify any changes due to a change in marital status.

#### The sampling frames

Two types of sampling frames are involved in this time-allocation study: units of time and groups of people. In this study, the units of time are the seven days of the week. The groups of people are the cohorts of residents. This combination of randomly selected residents and randomly selected days of the week is referred to as the "personday." The subdivisions of the "personday" are "personhours"--the quantitative unit of measure in this study.

A "resident" is defined as any person who owns a home in the village. (There are no rental properties.) A "cohort" is defined as a group of residents whose real-estate closing date for the purchase of their home occurred during a specified time period. (It is assumed that the real-estate closing date closely coincides with residency.)

The following three time periods define three cohorts:

- (1) October, 1973, through December, 1977--the longest-residing cohort (referred to as "early settlers");
- (2) January, 1978, through December, 1981--the middle cohort; and
- (3) January, 1982, through December, 1985--the shortest-residing cohort (referred to as "newcomers").

No

information is collected on the middle-cohort group because this study is a comparison of the two extremes--early settlers and newcomers.

A "single" resident is identified as such if he/she either resides in a one-person household or resides with other residents who have a different last name. "Married" residents are identified as such if they reside in households of at least two persons and have the same last name.

By combining the two cohort-groups with marital status, the four following subgroups of residents, pertinent to this study, are identified--(1) married early settlers, (2) single early settlers, (3) married newcomers, and (4) single newcomers.

#### Random sampling procedures

A total list of Fountainview's residents as of January 15, 1986, was obtained from the management's computerized records. The management's real-estate records were used to obtain real-estate closing dates for all households. Each resident was placed in the appropriate sampling frame according to his/her "marital status" and "cohort."

The selection of a sample size for each of the four subgroups of residents was based upon three considerations. First, time limitations dictated that the combined size of the four samples should not exceed 125. Second, no sample should be less than 5 percent of the total population and preferably 10 percent. Third, no sample should be smaller

than twenty-five persons so that a representative sample of single residents could be studied.

Table 4-1 describes the size of each sampling frame (the population), the size of each sample, and its percentage of the total population. After the four random samples were obtained, each respondent was assigned a randomly selected day of the week for which he/she would complete the diary.

The study was conducted from late-March to mid-May, 1986. The majority of the data was collected in April, 1986. It was assumed that any week during this time period was equivalent to any other week of this same time period. In other words, respondents were not randomly assigned a specific week, only a specific day.

This compromise was made to facilitate the collection of data in this geographically dispersed village within the shortest amount of time. Rather than having to seek out respondents from all sections of the village during specific weeks, this researcher concentrated on one street or area, calling on the randomly selected residents living there. Different streets/areas were randomly selected each day to minimize whatever possible effect residential location might have on the data. In the later stages of the study it became necessary to non-randomly cover wider areas of the village in order to locate the remaining respondents.

Table 4-1. Sampling Frame of the Time-Allocation Study,  
by Cohort and Marital Status

<u>Cohort</u>	<u>Population Size</u>	<u>Sample Size</u>	<u>Percent of Total Population</u>
Married Early Settlers	798	40	5%
Single Early Settlers	235	25	11%
Married Newcomers	364	36	10%
Single Newcomers	84	25	30%
Total		<u>126</u>	



Description of research instrument--the diary

To obtain a description of the daily activities of residents, all respondents were asked to record their activities for a twenty-four-hour period. An instruction sheet explaining recording procedures and a structured diary format were given to each respondent. In the structured diary format the day was subdivided into twenty-four one-hour intervals. For each time interval, there were spaces for recording the major activity of that hour, the location of the activity, and the persons present.

"Major activity" was defined as that activity that occupied the majority of one's time during that hour. If a change in the major activity occurred during a one-hour period, respondents were asked to record the time of change and the new major activity.

Respondents were requested to be specific in recording location. If they were at home, they were asked to record the specific room within the house or the location outside. If they were away from home, they were asked to record the name of the community and the specific location, such as the name of the store or church.

In recording "persons present," respondents were instructed to describe relatives according to that relationship, e.g., spouse, daughter, brother, or cousin. If the persons were not related, such as village residents and other friends, they were to be described according to their sex and marital status, e.g., "a married woman from

Fountainview." In the case of a clubhouse activity, respondents recorded the number of people present.

When each respondent was contacted, data on age, sex, marital status, time of purchase of residence in Fountainview, portion of the year during which they resided in Fountainview, number of persons in household, and date of widowhood (if applicable) were obtained. An open-ended interview was conducted to obtain qualitative data.

All respondents discussed their daily activities. In addition, "early settlers" were encouraged to discuss (1) the changes which they had observed in the village over their years of residency, (2) the changes in their own lives during their years of residency, and (3) their views regarding Fountainview's future. "Newcomers" were encouraged to discuss their perceptions of Fountainview and their views concerning the village's future.

#### Response rate

Demographic data were collected from 119 respondents. Diaries were returned by 101 respondents. From these 101 returned diaries, five were removed from analysis. It was discovered that there was not a perfect correspondence between real-estate closing dates and length of residency.

In the "married early settlers" sample, one respondent had inherited his/her home from parents and therefore was actually in the cohort of "married newcomers." In the "married newcomers" sample, one respondent had changed residences within the village and was actually in the "early

settler married" cohort. In the "single early settlers" sample, a daughter had moved into her aged mother's home to care for her; this daughter was actually in the cohort of "single newcomers." The "single newcomers" sample contained one "single early settler" who had changed residences in the village and one "married newcomer" whose home had been listed in her name only.

These errors in the sampling frame must be kept in mind in assessing the results of the time-allocation study. However, the collection of both qualitative and quantitative data on activities permits the comparison of two data sets. Each data set serves as a confirmation or rejection of the other data set. When both data sets show similar patterns in the usage of time, this will serve as confirmation.

Table 4-2 lists the percentage of diaries analyzed and the response rates for demographic data in each of the four samples.

Table 4-3 presents a numerical breakdown of the various reasons for exclusion from each of the four samples. In addition to exclusions from the study due to unreturned diaries and errors in the sampling frames, lack of participation in the study occurred due to (1) respondent refusals, (2) deaths, (3) serious illness resulting in placement in a local nursing home, (4) relocation outside the village, and (5) the return of snowbirds to their northern homes.

Table 4-2. Response Rates for the Four Random Samples in the Time-Allocation Study

<u>Sample</u>	<u>Response Rates</u>	
	<u>Demographic Data and Interviews</u>	<u>Diaries Analyzed</u>
Married Early Settlers (n=40)	90% (36)	75% (30)
Single Early Settlers (n=25)	100% (25)	76% (19)
Married Newcomers (n=36)	92% (33)	78% (28)
Single Newcomers (n=25)	100% (25)	76% (19)

Table 4-3. Reasons for Exclusion of Respondents from the Time-Allocation Study

<u>Reason for Exclusion</u>	<u>Early Settlers</u>		<u>Newcomers</u>	
	<u>Married</u>	<u>Single</u>	<u>Married</u>	<u>Single</u>
Respondent Refusal	1	2	1	0
Death	2	1	0	0
In Nursing Home	1	0	0	0
Moved from Village	1	0	0	0
Snowbirds Who Had Returned North	0	0	3	0
Did Not Return Diaries	4	2	3	4
Removed from Analysis	1	1	1	2
Total	10	6	8	6

### Hypotheses of the time-allocation study

The formulation of the following five research hypotheses rests on the assumption that, as length of village-residence increases, there is an increased probability that residents will be confronted with the effects of the normal processes of aging, illness, and/or the death of a spouse. Consequently, daily activities will be conducted within a narrower territorial range over time. The first four research hypotheses are based on this assumption.

A second predicted consequence is that the amount of time which residents allocate to various types of activities will change. For the majority of activities, it is not possible to predict the specific direction of change or the specific activities which will change. However, one "type of activity" related to aging was singled out for special consideration--obtaining medical care for self or spouse. The fifth research hypothesis is related to this activity.

The five research hypotheses are as follows:

- (1) The amount of time spent at home increases as age/length of residence increases.
- (2) The amount of time spent in club-related locations decreases as age/length of residence increases.
- (3) The amount of time spent in non-club-related locations within the village increases as age/length of residence increases.

- (4) The amount of time spent outside the village decreases as age/length of residence increases.
- (5) The amount of time spent in obtaining medical care for self/spouse increases as age/length of residence increases.

These five hypotheses are designed to test "cohort" effects, i.e., differences between "early settlers" and "newcomers." Cohort effects are tested by comparing

- (1) married early settlers versus married newcomers and
- (2) single early settlers versus single newcomers.

This study also focuses on "marital-status effects," i.e., time-allocation differences between single and married residents of Fountainview. Since this is an unknown area, it is not possible to construct hypotheses which predict the direction of change. Thus, the five above research hypotheses, as modified to test for "marital-status effects," merely state that "there is a difference." Marital-status effects are tested by comparing (1) married early settlers versus single early settlers and (2) married newcomers versus single newcomers.

In addition to the above research hypotheses, the research hypothesis of "there is a difference" is formulated for each "type of activity" (except "obtaining medical care for self/spouse"). These comparisons are conducted for

- (1) married newcomers versus married early settlers,
- (2) single newcomers versus single early settlers,

- (3) married newcomers versus single newcomers, and
- (4) married early settlers versus single early settlers.

#### Coding categories

Data from the diaries are coded according to (1) the type of activity and (2) the location of the activity. An initial examination of the diaries is conducted to identify and define the appropriate coding categories for "type of activity." These definitions are found in Appendix A.

Definitions for "location of activity" are obvious and therefore arbitrarily defined by the researcher. To facilitate statistical analysis of the hypotheses regarding "location of activity," the coding categories are subdivided into three major subcategories--(1) home, (2) within the village outside the home, and (3) outside the village. The category, "within the village outside home," is further subdivided into (1) club-related locations and (2) non-club-related locations.

Other subdivisions are constructed to facilitate the presentation of additional descriptive statistics. These definitions are also found in the Appendix A.

#### Coding procedures

Following the initial examination of the diaries to determine the coding categories, data are recorded in the appropriate coding categories. The amount of time in hours, or percentages of an hour, spent in each type of activity and in each activity-location is recorded. This process is carried out on two separate occasions to check accuracy.

### Statistical analysis

For each of the four samples, the mean and standard deviation are computed for all coding categories. Additional statistical analysis focuses on hypothesis testing--the comparison of the population means of two samples.

The null hypothesis of each of the research hypotheses, stated above, is tested to determine if there is a statistically significant difference ( $\alpha=.05$ ) in the predicted direction between the population means of two samples. When the research hypotheses specify the particular direction of the difference between two means, the statistical tests are one-tail tests. When the direction of the difference could not be hypothesized, a two-tail test is conducted.

Two formulas are used to conduct these statistical tests. For comparisons in which the size of both samples is equal to, or greater than, twenty, the formula appropriate for large-scale samples is applied. For samples in which the size of one or both samples is less than twenty, an alternate formula appropriate for small-scale samples is applied (Agresti and Finlay, 1986, pp. 173-175).

### The Exploratory Study of Singles

In the exploratory study of singles, a group of potential interviewees ( $n=66$ ) are randomly selected from the total population of singles ( $N=440$ ).



Interview schedules include questions on the following topics--(1) the type and frequency of activities engaged in, (2) the people with whom they socialize, (3) their reactions to widowhood (if applicable) and the source and type of supportive responses to this crisis, (4) their plans for the future if they were to become dependent, (5) their viewpoints on the extent to which the facilities and services of Fountainview meet the needs of aging residents, (6) their suggestions for community change, and (7) their reactions to the village's planning of an adult congregate-living facility.

This study was conducted during the summer of 1984. During the summer months an estimated 50 percent of the total population may be absent from Fountainview. Thus, it was predicted that the response rate would be low. This prediction was correct. Only 44 percent of the random sample was located and interviewed despite numerous call-backs. Since it was not possible to continue this study in the fall, it was decided to treat the data qualitatively and to avoid making any generalizations about singles on the basis of this data alone. These data are used to supplement and add details to the data obtained from respondents participating in the time-allocation study.

#### The Exodus Study

The exodus study is conducted to obtain data on the timing of exit from the village. Specifically, data are

collected regarding the reasons for relocation and relocation destinations.

The construction of a sampling frame is difficult because management does not keep records of the specific dates when residents move from the village. Thus, the sampling frame is constructed by obtaining a list of residents whose real-estate closings occurred during a defined period of time, namely, January 1, 1984 - June 30, 1984. From the list of fifty-seven residents whose closings occurred during that time period, 33 percent ( $n=19$ ) are randomly selected.

Data are obtained by contacting "early-settler" residents who live one or two doors away or across the street from the randomly selected former resident. For each selected former resident at least two residents are interviewed to verify the accuracy of the information. In two instances former residents are interviewed directly since they have relocated in the nearby community of Grantsville. In a few instances neighbors know the names of residents who have been close friends of former residents. Contacting these close friends has been helpful in gathering details about relocation.

Descriptive statistics regarding reasons for relocation and relocation destination are calculated. An analysis of these findings results in the construction of a typology of exits.

The study serves two purposes. (1) It aids in the identification of the types of person-environment incongruity in Fountainview and measures the frequency of each type of incongruity. (2) In the construction of the life-course trajectory of Fountainview residents from time of entry into the village to time of exit from the village, data from the exodus study are used to locate the "end-points" of that trajectory.

#### Construction of the Life-Course Trajectory

The findings of the three substudies (i.e., the time-allocation study, the exploratory study of singles, and the exodus study), plus data obtained from participant observation and other informal interviews, are compared and cross-matched to identify patterns of change in the daily lives of residents. Attention is given to the changing activities, perceptions, and needs of residents over time.

Life-course tasks confronting residents throughout their years of residency in the retirement village of Fountainview are identified. These life-course tasks are examined according to the circumstances prompting their appearance, e.g., a shift in health status or a change in marital status. Life-course tasks which are due to common circumstances are clustered together into "sets." These "sets" of tasks are used to construct the life-course trajectory of residents from time of entry into the village to time of exit from the village.

### Integration of the Two Parts of the Case Study

The two parts of this anthropological community case study are integrated by analyzing the relationship between the historical changes in the sociocultural system of Fountainview and the changes in the daily lives of residents. This analysis is accomplished by conducting a qualitative assessment of the flexibility of the sociocultural system of Fountainview to meet the changing needs of its population over time.

This qualitative assessment focuses on whether or not the sociocultural system of Fountainview is supportive of, and responsive to, (1) the needs of younger, healthier residents--"newcomers"--versus (2) the needs of residents who are experiencing the effects of aging and/or the death of a spouse--"early settlers." Such village supportiveness of, and responsiveness to, residents' needs is referred to as "person-environment congruity." It is one way to measure the "quality-of-life" of the residents of Fountainview.

The supportiveness of the sociocultural system is assessed by cross-matching (1) the types of village-sponsored (and village-financed) facilities and services/programs available to residents during different periods of time and (2) the needs of residents during those same historical time periods.

The responsiveness of the sociocultural system of Fountainview is assessed by determining whether or not present and/or proposed facilities and programs/services,

designed to meet the needs of one or both groups of residents, are incorporated into the village's social structure and financially supported by the village.

If gaps in village supportiveness/responsiveness are identified, the reasons for these gaps are explored to identify those constraints within the sociocultural system which have precluded change. Recommendations to increase Fountainview's person-environment congruity and to enhance the quality-of-life of the residents of Fountainview are formulated. These recommendations take into account the sociocultural context of the village.

Since these recommendations are based on the case study of only one retirement village, they cannot be generalized to other retirement villages. However, practitioners may use these recommendations as suggestions to be applied if professional analysis indicates that the circumstances warrant it.

#### Summary of Methodologies and Research Roles

Figure 4-1 is a summary of the various phases of this anthropological community case study of Fountainview. The time period, research roles, and methodologies of each research phase are summarized.

Phase One: January-May, 1984

Roles: Visitor-guest and participant-observer

Methodologies:

- Collection of community documents
- Interviews with past and current key leaders
- Observation of meetings and elections of the residents' association
- Participant observation of activities in clubhouse, in residents' homes, and in other village-areas
- Informal interviews with management, staff, and other residents

Phase Two: June-July, 1984

Roles: Explorer and participant-observer

Methodologies:

- Continued collection of community documents
- Continued participant observation
- Exploratory study of singles

Phase Three: August, 1984-December, 1985

Role: A shift from a subjective to an objective perspective

Methodologies:

- Periodic participant observation, interviews, and continued collection of community documents
- Midpoint data assessment and analysis
- Restructuring of relationship with village
- Planning and designing of future research

Phase Four: January-August, 1986

Roles: Systematic Investigator and Participant-observer

Methodologies:

- Continued collection of community documents
- Selective participant observation
- Time-Allocation Study
- Exodus Study

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Figure 4-1. Overview of Research Phases of the Case Study of Fountainview

CHAPTER V  
THE RETIREMENT VILLAGE OF FOUNTAINVIEW:  
HISTORICAL AND DEMOGRAPHIC CONTEXTS

The purpose of this chapter is to present the history of Fountainview and to describe the demographic changes in the population of Fountainview since the village was originally settled. Data regarding the historical context of Fountainview and the changing demographic patterns of Fountainview's population will be used to describe the characteristics of three historical periods in Fountainview's history.

Data for these topics were gathered (1) by collecting and analyzing community documents, (2) by obtaining oral histories and other recollections from long-term residents and staff, (3) by directly observing events in Fountainview for almost three years, and (4) by interviewing residents and staff about current events in the village. These data sources have been compared and cross-matched so that the findings achieve an optimum level of credibility.

To set the stage for the presentation of village history, the chapter begins with a description of the physical setting of Fountainview and a discussion of the village's "public image." This "public image" is the image portrayed in real-estate-sales brochures and found in the residents' idealized descriptions of the village.

The Visible, Idealized "Public Image" of Fountainview  
Fountainview's Geographic Location

Fountainview is located in central Florida, a few miles from a community, called by the pseudonym, Grantsville. Grantsville is a community in transition from a rural, citrus-dominated economy to a developing urban community seeking an expanded industrial base. This rural-urban transition of Grantsville was just beginning when the development of Fountainview was initiated in 1972. Thus, the history of Fountainview coincides with the rural-urban transition of Grantsville and the surrounding area.

With a population of over 13,000 residents, Grantsville is the commercial-service center for the growing population of the area. New retirement villages are continually being developed in the area, resulting in a dramatic influx of retirees. The growth in the number of businesses and services in the area has been stimulated by this influx of retirees.

The Physical Setting of Fountainview

Fountainview has a population of almost 2,000 residents and is located on over 300 acres. A river which flows into a nearby lake runs through the property. The property fronts on a major highway, but the residences and the clubhouse complex are not visible from the highway.

The entrance to Fountainview includes a stylish, modernistic white sales office, a center island of flowers separating the two-lane paved road which winds down a gently



sloping hill toward the security gate, and white-globed street lights. As one approaches the security gate, tennis courts come into view. After passing through the security gate and winding down the hill, the village becomes visible.

The first sights that meet the eye are the marina and the large clubhouse with copper roof and white walls. These public buildings are set against the blue of the sky and surrounded by carefully manicured lawns, shrubs, and beds of flowers.

As one nears these buildings, one crosses a small bridge over the river and then passes a small memorial fountain. Ahead, and to the right of the clubhouse, a small manmade lake with a fountain-like spray of water spurting up from the center comes into view. A few maintenance persons working on the lawn may be visible. Residents may be riding bikes or walking on the road in a special lane reserved for bikes and pedestrians.

As one nears the clubhouse complex, the residences become visible. The architectural stylishness of the public buildings seems incongruent with the residences--all manufactured homes. Yet, the homes are nestled in the trees and attractively landscaped. The residential streets wind throughout the village, preventing the homes from being placed uniformly in rows. Except for the type of homes, it is the replication of a middle-class, suburban residential subdivision.

On the outer edge of the village, beyond the chain-link fences which surround the village on three sides (excluding the highway frontage), are the offices of management, maintenance buildings, and a storage area for recreational vehicles. The village does not have business/commercial facilities, places of worship, or medical facilities. Such facilities and services are available in Grantsville.

#### The Facilities and Services of Fountainview

The available facilities and services which the village offers are amply described in the real-estate-sales brochures. The activity-oriented nature of the facilities receives major emphasis.

The brochures point out that the village has a very expensive clubhouse. The auditorium seats 1600 people. The clubhouse contains kitchen facilities, a small chapel for meditation, a library, a billiards room with four tables, and rooms for meetings, cards, and hobbies. Attached to the clubhouse is a swimming pool, twenty-four covered shuffleboard courts, a whirlpool, saunas, and a putting green.

The services of the village include a program director who coordinates the over-one-hundred planned activities, a twenty-four-hour security patrol, a courtesy bus to take residents shopping, on-site laundry facilities, a fire department with trained emergency medical technicians who are on duty twenty-four hours a day and who respond to the activation of the emergency alarm buttons that are located

within each residence, an on-site automatic bank teller and postal machine, a private cable television system, lawn-mowing services, and garbage and trash collection.

### The Idealized Portrayal of Fountainview

It is not surprising that the most visible idealized portrayal of Fountainview is found in the real-estate-sales brochures. The stereotypical American dream of retirement in the sun is presented. As it is phrased in one of the brochures, "You have worked hard during your lifetime. Reward yourself with happiness at [Fountainview]."

The aerial photograph of Fountainview is impressive-- the lakes, the greenery, the residences, and the large, white clubhouse. All of these features meld together to portray the utopian retirement dream.

Echoing the sales brochures, village residents praise the village. They describe Fountainview as "a first-class community" and as

a rare entity; a model to be envied, for here is a way of life eminently superior to the norm in retirement communities.

They describe the residents of the village as "unique" or "different." They point out that residents are well-educated, extremely talented, and highly dedicated to Fountainview. The perspective of Fountainview as "unique" partially stems from its particular history.

## The History of Fountainview

### The "Idea" to Create Fountainview

The impetus for the creation of Fountainview stemmed from a national organization of retirees. This organization was interested in quality housing for retirees and came up with the idea of developing a prototype-community based on the needs of retired persons. However, being a nonprofit organization, this organization could not own property.

The organization approached a company with whom they had close business relations at that time and worked out an agreement. The organization would provide planning guidelines and would recommend Fountainview in advertisements in their nationally distributed periodical. The related company would provide the capital and management.

In 1972, ground was broken for the construction of Fountainview. It was advertised as a "pilot project" of the national organization and was envisioned to be the first of a series of retirement communities to be constructed.

In addressing the needs of a retirement population, the following major age-related ideas were incorporated into the plan.

(1) Manufactured homes were chosen because they were considered to be (a) economical and (b) easy to maintain.

(2) A fire department with trained emergency medical technicians (EMTs) was included to provide safety and security.

(3) Each residence was equipped with an emergency alarm button which was directly connected to a central control in the fire department, summoning EMTs in case of a medical emergency.

(4) Although the land was leased, rather than owned, by residents, each lease agreement included (a) a lifetime renewability clause and (b) a protective cost-of-living clause that placed a ceiling on the amount that the rent could be raised at the end of each three-year-lease period.

(5) The company provided, with no additional fee, maintenance services for the grounds, as well as maintenance services for individual homes, such as plumbing.

(6) The development of "community" was addressed (a) by constructing the clubhouse immediately so that its completion would coincide with the first occupancy of residents and (b) by hiring a doctoral-level gerontologist to develop and implement the village activities.

(7) The structure of clubhouse activities included the idea that residents themselves should play the leadership roles, offering their talents and knowledge free-of-charge to other residents. In this way, a number of resident-roles within the club would be created.

#### Residency in the 1970s

The wet spring and summer of 1973 delayed construction. In October, 1973, the first residents moved into Fountainview, having been housed in area motels while awaiting the completion of their homes. During the next

four years, real-estate sales boomed. By the end of 1977, 999 residences were occupied.

During the following four years, 1978 through 1981, the village continued to grow but at a slower pace. By the end of 1981, almost all of the originally planned 1,144 residences were occupied.

#### Development of the "Club"

During these first eight years and three months of village-settlement, an increasing number of clubhouse activities were developed. The first program director reported that the average number of club activities per month was 33 in 1974, 56 in 1975, 62 in 1976, 73 in 1977, and 89 in 1978. This growth has continued. There were over 100 activities in the clubhouse during the years of the present study--1984-1986.

In 1979, the first program director retired, but the established structure of the "club" facilitated the continuance of activities under the leadership of subsequent program directors.

#### Development of Health-Related and Aging-Related Services

During the first eight years and three months, residents in the village also organized programs and services related to the health needs of residents. In 1975, the Health Education Committee started three programs: (1) The Vial of Life, (2) blood pressure screenings, and (3) the Loan Closet (i.e., loaning, free of charge, health-care-

related products, such as wheelchairs, crutches, and commodes).

An annual Health Fair was held in the clubhouse, with local health-care professionals, agencies and business organizations participating. This event was discontinued after 1984 because it duplicated similar events being held in the Grantsville community.

The following additional health-related programs were organized and implemented by residents and by resident-organizations (especially the village's AARP chapter)--CPR instruction, a variety of exercise programs, the blood bank, Meals-on-Wheels, hearing screenings, and consultation regarding Medicare and health insurance.

In 1977, a program, using resident volunteers, was established "to make it easier for each of us within our own homes." On a "part-time and temporary basis," resident-volunteers were available to transport other residents to the doctor/hospital or to do shopping, to serve as companions for those who should not be alone, to help with light housecleaning and meal preparation, to read to people and write letters, and to do typing or notarize papers. There was a charge of one-dollar per hour.

This program experienced problems. Volunteers were known and accessible to other residents. Some needy residents demanded "too much" assistance from these volunteers. Also, the program offered a wide variety of

services, some of which were extremely time-consuming. These problems caused the voluntary group to disband.

#### Prelude to the Crisis over Ownership

While the village grew and flourished during the 1970s, outside events were directly affecting the management corporation of the village. As inflation soared and as real-estate sales continued, each new lease agreement contained increasingly larger rental fees. Costs of village maintenance were also rising.

Coupled with the effects of inflation, a federal court order was handed down in August, 1979, requiring the severance of the joint business relationship between the company which owned and managed Fountainview and the national organization of retirees (Streib and Folts, 1983). As part of this court order, the owners/managers of Fountainview were prohibited from selling the village of Fountainview for a period of three years.

During the latter part of this three-year waiting period, the company made plans to sell Fountainview to another corporation. During 1981 and early 1982, rumors of this possibility reached the ears of residents but no confirmation could be obtained.

#### The Crisis Over Ownership

In early 1982, the official announcement was finally made. Residents were assured that "the sales transaction should not adversely affect you." However, some residents



questioned this assurance, having recalled an item in a mobile home periodical.

In this article, it was reported that the same corporation which was going to buy Fountainview had bought a mobile home community for \$3.2 million, eliminated some of its services, and substantially increased the rent. In response, the residents purchased the community from the corporation for \$4.8 million.

The informal resident-leadership at Fountainview, recognizing that a similar consequence might befall their village, contacted a law firm and scheduled a "town meeting" that was attended by more than 1200 residents. As a result, incorporation papers were filed to create the Fountainview Residents' Association and a special assessment for legal fees was made. Legal action on behalf of the residents' association was initiated.

For nine months, the village was in crisis. Rumors flourished. Suspiciousness of "outsiders" greatly increased. Internal differences of opinion were negatively sanctioned. It was reported that some residents became physically ill as a result of the stress of this period.

A content analysis of the newsletters of the newly formed residents' association and other community documents reveals that two major themes gained prominence during this crisis--"community unity" and "preservation of the [Fountainview] lifestyle."

The theme of "community unity" began early in the newsletters as the residents of the village drew together in the face of an outside threat. Residents were urged not to take any individual action, but to have confidence in their Board and in the attorneys. Then, the newsletter added, "We will emerge as a better and more unified community in the end." Other phrases in these newsletters included "everyone is needed," "a unified front," "act as one," "full cooperation of all," "continued cooperation," and "unanimously."

The theme of "preservation of the [Fountainview] lifestyle" also was repeatedly mentioned in the residents' association's newsletters. In a paper written by the first program director this theme was summarized.

"Save our life-style" was the cry as the community mobilized for the legal battles which the proposed sale spawned--[A] banner-headline in the [Fountainview newspaper] read: "[Fountainview] residents sue to protect life-style." All through the battles this was the rallying cry--something akin to: "Remember the Alamo"; "Damn the torpedoes"; "We have just begun to fight"; "Praise the Lord and pass the ammunition."

After a complex and stressful six months of legal battles, the residents of the village were in a position to purchase the village. Articles of Incorporation for the [Fountainview] Residents' Cooperative Association, Inc. (hereafter referred to as FRCA) were filed with the Secretary of State. A purchase price was negotiated.

Each household in the village was asked to purchase a share in the cooperative. All households, except 58,

purchased their cooperative shares. The remaining 58 households remained on their original leases. In December of 1982, the residents' cooperative purchased the village. One year later (December, 1983), the mortgage was paid in full.

#### Addressing the Needs of Aging Residents

In the aftermath of the successful legal battle, the leaders of the FRCA quickly focused their attention on new projects. The Board, being composed of long-term residents (i.e., "early settlers"), recognized the aging of residents in Fountainview and wished to address their needs. The goal was to make it possible for aging residents to prolong their residency in Fountainview.

In accordance with this goal, the first step of the Board was to make an agreement with the local Home Health Care agency. A branch office was opened at Fountainview in 1983, making services more accessible to residents.

Also, in 1983, the FRCA Board appointed the Long Range Planning Committee to study the residents' interest in adult congregate-living facilities. Outside consultants were hired to conduct a survey of residents and to create an architectural plan that was feasible in terms of available land and financial resources. The survey, carried out in late 1983, indicated that residents were interested in exploring this idea.

In early 1984, the outside consultants developed an architectural plan, locating adult congregate-living

facilities, a nursing home, and a restaurant on the unoccupied land between the highway and the clubhouse. This plan was presented to the FRCA Board (and later to residents) for their consideration.

During this same time period, the Board considered an alternate location for the facility. When it was discovered that land adjacent to Fountainview was for sale, the Board attempted to obtain approval from residents to explore the possibility of purchasing the land. However, the Board's request was defeated when a special vote was held.

Residents expressed concern about the FRCA's legal and financial responsibilities in becoming involved in such a complex project. After further study, it became clear that the Cooperative Act was too restrictive to permit FRCA to develop such facilities under FRCA documents. The development of such a project would require 100 percent approval from all cooperative shares.

The Committee's activities then moved to an alternative plan--finding and encouraging a national organization in the health-care field to develop life-care facilities adjacent to Fountainview. The Committee's goals included (1) finding a qualified health-care provider and (2) finding an organization willing to give Fountainview's residents first priority in entering their facility. Conferences with representatives of several such organizations followed.

In 1985, one of these organizations agreed to build a life-care complex near (not adjacent to) Fountainview. In

January, 1986, one hundred acres near Fountainview were purchased by this organization. However, barriers to the construction of this facility remain. The City of Grantsville has not been willing to expand their sewer facilities. Also, there is a problem in obtaining a Certificate of Need from the State of Florida in order to construct a nursing home.

In addition to the FRCA Board's work in addressing the needs of older residents, a new grassroots resident-volunteer program to assist older residents began in 1985. It was discovered that phone requests received by the Fountainview branch office of the Home Health Care Agency did not always coincide with the services offered by that agency. The request for transportation services was especially high in frequency.

Profiting from the experiences of the earlier volunteer program, this new program was structured so that the privacy of resident-volunteers was protected. Residents were required to phone their request into the Home Health Care Agency 24-hours in advance. Also, this program limited its services to transportation.

#### Attracting Newcomers

During the years 1984, 1985, and early 1986, another major project was successfully accomplished--the construction of tennis courts. In early 1984, a committee to study the idea of a sports complex was appointed by the FRCA Board. The committee's work resulted in the

development of a plan in which the unoccupied land between the highway and the clubhouse would be developed into a picnic area with a shelter house and outdoor-sports facilities, including tennis courts. The tennis courts were completed and opened in early 1986.

The older residents' response to the construction of tennis courts was ambivalent. There was a recognition that the village needed to remain competitive with other area retirement villages in order to attract younger retirees into the village. At the same time, older residents were concerned about the cost of construction and maintenance of a facility that very few of them would ever use.

#### Demographic Portrait of Fountainview

##### Data Sources

The changing demographic characteristics of Fountainview from the time of initial residency (i.e., October, 1973) through January 15, 1986 were compiled by using data from five types of community documents-- (1) periodically published phone directories of Fountainview; (2) real-estate records; (3) village-management's computerized listing of residents, as of January 15, 1986; (4) records of deaths, compiled by two residents' committees; and (5) survey-research statistics, gathered by both academic researchers and marketing researchers.

The quality of the community-document data varies. The most accurate data are contained in the real-estate records

and in management's computerized listing of residents. The records of deaths are highly accurate for 1980-1986. Records of death prior to 1980 are also accurate, but, unfortunately, are not subdivided by year.

Phone books for the village contain a few errors. However, for the purposes of this study, these errors are of minor consequence. Phone-book information is used to construct a broad portrait of the changing demographic nature of the village. Minor inaccuracies do not detract from this broad picture. Also, this information is combined with real-estate information, whenever possible. The close correspondence between these two sources of data lends credence to the overall accuracy of the phone-book data.

Survey-research documents are used only to obtain data on the age of residents. These age data were unavailable in any other documents. The quality of the data varies according to the use of random sampling techniques and response rate. Information from the 1980 Census was not used because it did not include those residents whose primary residence was in the northern and midwestern states.

In addition to community documents, the time-allocation study of 1986 includes data on the demographic characteristics of the respondents in the early-settler and newcomer cohorts. These data are used to extrapolate a portrait of the middle cohort. By combining data for all three cohorts, a demographic portrait of the January, 1986, population is obtained.

By using a variety of data sources, missing information from one source can often be supplemented by data from another source. The consistency of the data is confirmation that the information is generally accurate.

For ease of reference, all tables of demographic data are located at the end of this chapter

#### Definition of Time Periods

In discussing the changing demographic characteristics of the village, three time periods will be used, wherever possible. The three time periods correspond to the four-year intervals used to define each of the three cohorts of residents:

Period I: Early-Settler influx--October, 1973,  
through December 31, 1977

Period II: Middle cohort influx--January 1, 1978  
through December 31, 1981

Period III: Newcomer influx--January 1, 1982  
through December 31, 1985 (The January 15, 1986,  
data obtained from the computerized listing and  
the related demographic data obtained from the  
time-allocation study will be included here.)

#### Number of Households in Fountainview

Table 5-1 presents data on the number of households in Fountainview between 1974 and 1986. By combining real-estate records and data from Fountainview's phone books, a relatively complete picture of changes in the number of households can be obtained.



During the first four years and three months, i.e., Period I, the number of households grew from zero to 999. During the next four years, i.e., Period II, another 139 households were occupied. During Period III, the number of households dropped slightly during the crisis over ownership. The real-estate office was closed during that time. Then, the number of households began to increase. During this four-year period, the total number of households in the village increased by 19.

#### Population Size of Fountainview

Another measure of the growth in the size of Fountainview is population size. Our data for this measure are limited to the data obtained from Fountainview's periodically published phone books and the 1986 computerized listing of residents.

Table 5-2 indicates that Fountainview contained 812 residents in September, 1974, i.e., almost one year after the first residents occupied the village. Almost five years later (June, 1979), the population had more than doubled to 1,925. Between June, 1979, and October, 1981, the population continued to increase but at a much slower pace. During this time interval, the population increased by only 24 persons.

There were no phone book directories between 1981 and 1984, creating a gap in the data. However, data from Table 5-1 indicate that there was only a small increase in the number of households (i.e., 20 households) between October,

1981, and January, 1982. This was followed by a decrease of 38 households during the crisis over ownership in 1982.

After the crisis, the real-estate sales office reopened, and a new advertising campaign was instituted. Fifty additional lots were developed and put on the market. This increased the potential size of the village from 1,144 households to 1,194 households. By April, 1984, the population was 1,887--a decrease of 62 since October, 1981. As of January, 1986, the total population was 1,910--an increase of 23 since April, 1984.

It is important to note that the largest population size was recorded in October, 1981, but the largest number of occupied households was recorded in January, 1986. This difference results from a decrease in the number of two-person households and an increase in the number of one-person households.

#### Household Size in Fountainview

Table 5-3 presents the percentage of total village households by size and covers the years between 1974 and 1986. Throughout these years, 99 percent of the households have been either one-person or two-person households.

During Period I, 82-85 percent of the households contain two persons, whereas 14-18 percent of the households contain one person. During Period II, the percentage of one-person households increased. Toward the end of this period (i.e., October, 1981), 26 percent were one-person households. During Period III, one-person households

continued to increase, reaching a level of 32 percent by the end of the period.

The living arrangements of singles can be seen more clearly by considering the size of households containing singles. Table 5-4 indicates that the vast majority of singles live alone.

During Period I, 88-89 percent of all singles lived alone. An additional 10 percent shared a home with another single. Only 1-2 percent lived in three-person households. During Period II, the household composition of singles was similar to Period I. In Period III, the percentage of singles living alone ranged from 91 to 93 percent, whereas the percentage of singles sharing a home with another single dropped to 7 percent.

#### Composition of the Population--Marital Status

The increase in one-person households within Fountainview obviously indicates an increase in the number of single persons. As the retirement village of Fountainview and its residents have grown older, the number of single persons has increased. Table 5-5 shows the gradual increase in the single population in Fountainview.

During Period I, the single population represents 10-12 percent of the total population. During Period II, there was a rise in the percentage of singles. By October, 1981, singles accounted for 18.5 percent of the population. During Period III, the percentage of singles in the total

population continued to rise. By the end of this time period, 22.1 percent of the total population was single.

#### Composition of the Population--Sex

The rise in singles is accompanied by a slight rise in the percentage of females in the total population. Table 5-6 presents this data.

During Period I, the percentage of females in the total population was 53-54 percent. During Period II, the percentage of females increased to 56 percent. In Period III, the percentage of females was 57 percent.

If only the single population is considered, the size of the female population is much larger. Table 5-7 shows that the percentage of females in the population of singles ranges between 81 and 84 percent for all recorded years, except 1976.

#### Composition of the Population--Age

Four data sources were used to reconstruct the age composition of Fountainview. It was fortunate that there was one data source available for each of the three time periods. However, the quality of the information from each data source varies and must be assessed in the light of sampling procedures and response rate. Table 5-8 presents the age of the population at various points in time during the three periods.

Data for Period I was obtained from a marketing study conducted for the original owners of Fountainview in January, 1977. A random sample of 258 residents (total

population = 855) was selected to fill out a questionnaire. There was a 97.7 percent response rate, with 252 residents returning their questionnaires. The median age of residents was 68.2.

Period II is represented by a study by Haas (1980) conducted in the fall of 1979. He drew a random sample of 150 residents from a total population of 1,922. Information was collected from 95 residents--a 63 percent response rate. Haas reported that the average age of residents was 70.3 years and the median age was 70.9 years. The average age of males was 70.8. The average of females was 69.8.

Representing Period III is a study conducted by a consultant firm during the fall of 1983. The focus of this study was to tap residents' interest in having congregateliving facilities on the premises. Questionnaires were distributed to the total population. A 69 percent response rate was obtained. The median age was 72.96 years. However, since the study focused on a topic of special interest to older residents, this finding must be cautiously assessed.

Although this statistic may be somewhat high, it is probably representative of the general average age of residents at that time. The study was conducted not quite one year after the residents purchased the village. As the reader will recall, during the crisis over ownership in 1982, the sales office was closed. During 1983, the real-estate sales program, including a massive advertising

campaign, had not been completely reestablished. Thus, out-migration exceeded in-migration, resulting in a continued increase in the average age of residents.

The end point of Period III, i.e., the beginning of Period IV, is represented by data from the present study. Data on age were obtained from the random samples of cohorts of residents who participated in the time-allocation study in the spring of 1986. Since only two of the three cohorts were sampled, the average age of the middle cohort was estimated by using a statistic midway between the mean ages of the early-settler and newcomer cohorts. The average age of the total population was determined by multiplying (1) each respective cohort's mean age by (2) the percentage which that cohort represents in the total population. Appendix B presents the statistics and computations of this extrapolation.

In Table 5-8 the results of this extrapolation are presented. The mean age of the total population in the spring of 1986 is 72.6 years.

#### Number of Deaths--1974-1985

Information regarding the number of deaths in Fountainview was collected. Accurate information for the years 1980-1985 was obtained from the bulletins printed for the January memorial service for all residents who had died during the previous year.

For the years 1973-1979, no such bulletins were available. However, the Spiritual Life Committee had

recorded the names of deceased residents in a special book located in the clubhouse chapel. No dates of birth or death were recorded. By comparing the names listed in the 1980 bulletin with the book's lists of names, the cutoff point between 1979 and 1980 was determined. For the years preceding 1980, 95 names were listed.

A second book, listing donations in the memory of deceased residents, contained dates of birth and death. Thus, it was possible to account for 84 of the names. Of the remaining eleven names, their position in the list strongly suggested that they belonged in the years 1978 or 1979. At least eight of these names were probably in 1979.

Table 5-9 lists the number of deaths from 1974 through 1985. During Period I, an average of almost six deaths per year was recorded. During Period II, an average of almost 44 deaths per year occurred. However, the average number of deaths during the first half of this period was 36, whereas the average for the average for the second half of the period increased to 52. In Period III, the average number of deaths per year was 53. Thus, for six years (1980-1985), the number of deaths has averaged about one per week.

#### Real-Estate Turnover in Fountainview

Real-estate records for the years prior to the residents' purchase of Fountainview in 1982 were not available. Previously presented data on the increase in the number of households during Periods I and II indicate that real-estate sales were brisk, especially during Period I.

It is suspected that turnover was very low in Period I. This conclusion stems from the findings of the exodus study (to be presented in a later chapter) and other findings regarding the demographic composition of Fountainview.

In the exodus study, it was found that the majority of exits from the village were precipitated by health problems and death. During Period I it is likely that few such exits occurred. Residents were, on the average, in their late sixties. This suggests that the population was composed of younger, healthier retirees. The good health of residents is also reflected in the small number of deaths during Period I.

During Period II, the turnover rate probably increased slightly. With an increase in the average age of residents, it is likely that some residents experienced health problems which resulted in a move from Fountainview. Yet, given an average age of 70 for residents, the number of exits from the village due to health problems in Period II would not have increased dramatically.

During Period II, the number of deaths rose, especially during the latter half of that period when there was an average of one death per week. However, considering the increase in the number of singles during Period II, death may have had as much, or more, of an effect on the demographic structure of the community than on the turnover rate.



The turnover rate for Period III can be more accurately presented. Real-estate sales records are available for 1982-1986. Table 5-10 presents these data. There are two events that must be considered in analyzing these data.

(1) There was a hiatus in real-estate sales during and after the crisis over ownership. (2) An additional 50 lots were opened for development in 1984, increasing the potential number of households from 1144 to 1194.

Taking these two events into consideration, a turnover rate has been determined by averaging the five years of resales only. The average number of resales per year is 59.2 homes. Thus, the annual turnover rate is 5 percent annually.

#### Composition of the 1986 Population of Fountainview

Table 5-11 presents the composition of the total population of Fountainview in 1986. The percentage of the population in the three cohorts is presented. In addition, each cohort is subdivided into single and married residents, with the percentage in each subdivision being presented.

The early settlers (those residents who moved into the village from October, 1973 through December, 1977) represent 54 percent of the population. The middle cohort (those residents who moved in during the years of 1978 through 1981) represent 22.5 percent of the population. The newcomer cohort (those who entered the village in 1982 through 1985) represent 23 percent of the population.

Data indicate that the percentage of the total population who is single increases as length of residence increases. Single newcomers account for 4 percent of the total population. The middle cohort of singles represents 5 percent of the total population. Single early settlers represent 12 percent of the total population.

### Conclusions

By combining historic and demographic data, the characteristics of the three time periods can be portrayed. These three periods correspond to the time periods in which the three cohorts of residents moved into the village.

Period I--the time period during which early settlers moved into the village--extends from October, 1973, through December, 1977. Rapid population growth occurred during this period, with 87 percent of the 1,144 residences developed by the original owners being occupied by the end of this period. Turnover in real-estate was low.

The population was composed of healthy retirees in their mid- to late-sixties. Almost 90 percent were married. Death rates were low. Priority was given to the development of an "active" community, emphasizing recreational/leisure pursuits. Professional leadership served as a catalyst in the creation of the "club."

Residents leased the land from the owners/developers of Fountainview. The owners were motivated to build a "show place," sparing no expense in the development of facilities and services. Residents were very satisfied with

Fountainview and felt lucky that they were a part of this "experiment."

Period II, covering the four years from 1978 through 1981, was the time when the middle cohort entered the village. Population growth continued, but at a slower pace. By the end of this period, almost all of the 1,144 residences were occupied.

During this time period, a shift in the composition of the population began to develop. Death rates began to rise during the first half of this period. In the second half of this period, death rates had reached the level at which they have remained for six years. There was a 50 percent increase in the percentage of singles in the population. The average age of residents increased by two years. Real-estate turnover remained low.

Residents continued to develop "club" activities and believed that they lived in a "unique" community. Morale remained high until the final year of this period. Then, rumors began to spread about the possible sale of Fountainview. The owners assured the residents that no change in ownership would occur.

Period III--the time of the influx of newcomers--includes the years 1982 through 1985. The first year of this period was the time of crisis over ownership. Residents banded together, creating "community unity" and supporting strong, centralized resident-leadership.

Distrust of "outsiders" heightened. At the end of this year of anxiety, residents purchased the village.

During the remaining three years, the leaders of the residents' association worked to stabilize the financial position of Fountainview. They also began to address the needs of an aging population, especially by exploring the development of an adult congregate-living facility. The average age of residents increased to 73 years during the hiatus in real-estate sales at the time of the crisis. There was a slow, continuing increase in the number of singles. The number of deaths continued at the level of approximately one per week.

An advertising firm was hired to develop an aggressive advertising campaign to increase sales. Fifty undeveloped lots were prepared for sale. Tennis courts were built to attract new residents. A major influx of newcomers occurred during the last two years of this period. A slow decrease in average age was beginning.

Period IV begins in 1986. Since the present study concluded in August, 1986, the length and characteristics of this period in Fountainview's history are unknown.

Table 5-1. Number of Households: 1974-1986

<u>Date</u>	<u>Number of Households</u>	
	<u>Phone Book Listings (a)</u>	<u>Real-Estate Records (b)</u>
<u>Period I</u>		
September, 1974	437	
June, 1975	552	
August, 1976	840	
January, 1977		854
<u>Period II</u>		
January, 1978		999
January, 1979		1072
June, 1979	1065	
January, 1980		1098
January, 1981		1120
October, 1981	1118	
<u>Period III</u>		
January, 1982		1138
January, 1983		1100
April, 1984	1110	
January, 1985		1149
January, 1986		1156

(a) Data from phone book listings exclude homes which are owned but not occupied, due to death, nursing home placements, etc.

(b) Data from real-estate records include homes which are owned, regardless of whether or not they are occupied

Table 5-2. Total Population of Fountainview: 1974-1986

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<u>Date</u>	<u>Total Population</u>
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<u>Period I</u>	
Sept,1974	812
June,1975	1016
August,1976	1531

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<u>Period II</u>	
June,1979	1925
October,1981	1949

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<u>Period III</u>	
April,1984	1887
Jan,1986	1910

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Table 5-3. Percentage of Households for Total Population,  
by Size: 1974-1986

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<u>Percentage of Total Households,</u> <u>By Size of Household (n)</u>			
<u>Date</u>	<u>One-Person</u> <u>Households</u>	<u>Two-Person</u> <u>Households</u>	<u>Three-Person</u> <u>Households</u>

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<u>Period I</u>			
Sept,1974	14% (63)	85% (373)	less than 1% (1)
June,1975	16% (90)	83% (460)	less than 1% (2)
August,1976	18% (150)	82% (687)	less than 1% (3)

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<u>Period II</u>			
June,1979	20% (215)	79% (841)	1% (9)
October,1981	26% (294)	73% (817)	1% (7)

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<u>Period III</u>			
April,1984	31% (340)	69% (763)	1% (7)
Jan,1986 (a)	32% (363)	68% (772)	less than 1% (1)

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(a) There are an additional 20 households that are owned but not occupied.

Table 5-4. Percentage of Households Containing Singles,  
by Size: 1974-1986

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<u>Percentage of Households Containing Singles,</u> <u>By Size of Household (n)</u>			
<u>Date</u>	<u>One-Person</u> <u>Households</u>	<u>Two-Person</u> <u>Households</u>	<u>Three-Person</u> <u>Households</u>

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<u>Period I</u>			
Sept,1974	89% (63)	10% (7)	1% (1)
June,1975	88% (90)	10% (10)	2% (2)
August,1976	88% (150)	10% (17)	2% (3)

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<u>Period II</u>			
June,1979	87% (215)	9% (22)	4% (9)
October,1981	89% (294)	9% (28)	2% (7)

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<u>Period III</u>			
April,1984	91% (340)	7% (27)	2% (7)
Jan,1986	93% (363)	7% (28)	less than 1% (1)

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Table 5-5. Percentage of Total Population, by Marital Status: 1974-1986

	<u>Percentage of Total Population, By Marital Status (n)</u>			
<u>Date</u>	<u>Married</u>		<u>Single</u>	
<hr/>				
<u>Period I</u>				
Sept,1974	90%	(732)	10%	(80)
June,1975	89%	(900)	11%	(116)
August,1976	88%	(1342)	12%	(189)
<hr/>				
<u>Period II</u>				
June,1979	86%	(1648)	14%	(276)
October,1981	81.5%	(1588)	18.5%	(361)
<hr/>				
<u>Period III</u>				
April,1984	79%	(1484)	21%	(403)
Jan,1986	78%	(1488)	22%	(422)

Table 5-6. Percentage of Total Population, by Sex:  
1974-1986

<u>Percentage of Total Population, By Sex (n)</u>		
<u>Date</u>	<u>Male</u>	<u>Female</u>
<u>Period I</u>		
Sept, 1974	47% (379)	53% (433)
June, 1975	46% (472)	54% (544)
August, 1976	47% (719)	53% (812)
<u>Period II</u>		
June, 1979	45% (869)	55% (1056)
October, 1981	44% (852)	56% (1097)
<u>Period III</u>		
April, 1984	43% (810)	57% (1077)
Jan, 1986	43% (815)	57% (1095)

Table 5-7. Percentage of Single Population, by Sex:  
1974-1986

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<u>Percentage of Single Population, By Sex (n)</u>			
<u>Date</u>	<u>Male</u>		<u>Female</u>
<hr/>			
<u>Period I</u>			
Sept, 1974	16% (13)		84% (67)
June, 1975	19% (22)		81% (94)
August, 1976	25% (48)		75% (141)
<hr/>			
<u>Period II</u>			
June, 1979	16% (44)		84% (231)
October, 1981	16% (58)		84% (303)
<hr/>			
<u>Period III</u>			
April, 1984	17% (68)		83% (335)
Jan, 1986	17% (71)		83% (351)

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Table 5-8. Age of Total Population of Fountainview

<u>Date</u> <u>(Source of Data)</u>	<u>Mean Age</u>	<u>Median Age</u>	<u>Mode</u>
<u>Period I</u>			
January, 1977 (community document)		68.2	
<u>Period II</u>			
Fall, 1979 (Haas, 1980, p. 79)			
Total Population	70.3	70.9	71.0
Male	70.8		
Female	69.8		
<u>Period III</u>			
Fall, 1983 (community document)		72.96	
<u>Beginning of</u> <u>Period IV</u>			
Extrapolation (explained in Appendix B)	72.6		

Table 5-9. Number of Deaths in Fountainview: 1974-1985

<u>Year</u>	<u>Number of Deaths Recorded in:</u>	
	<u>Memorial Books</u>	<u>Memorial Service Bulletins</u>
1974	1	
1975	6	
1976	10	
1977	6	
1978	20 [+3] (a)	
1979	41 [+8] (a)	
1980		52
1981		53
1982		47
1983		51
1984		62
1985		52

(a) In using the chapel records of deaths, the cut-off point between 1978 and 1979 was difficult to determine. The numbers in brackets are a "best guess" of the proper placement of the eleven "uncertain" entries.

Table 5-10. Real-Estate Sales in Fountainview: 1982-1986

<u>Number of Homes Sold, New and Old</u>			
<u>Year</u>	<u>Total Homes Sold</u>	<u>Resales</u>	<u>New Homes</u>
1982	2	2	0
1983	65	65	0
1984	101	95	6
1985	83	76	7
1986	68	58	10

Table 5-11. Percentage of 1986 Population, by Cohort, Sex, and Marital Status

	<u>Cohort A</u>	<u>Cohort B</u>	<u>Cohort C</u>
<u>Married</u>			
Male	21% (399)	8.5% (163)	9.5% (182)
Female	21% (399)	8.5% (163)	9.5% (182)
Subtotal	<u>42% (798)</u>	<u>17.0% (326)</u>	<u>19.0% (364)</u>
<u>Single</u>			
Male	2% (40)	less than 1% (9)	1% (22)
Female	10% (195)	5% (94)	3% (62)
Subtotal	<u>12% (235)</u>	<u>5% (103)</u>	<u>4% (84)</u>
Total Population	54% (1033)	22.5% (429)	23% (448)

## CHAPTER VI THE SOCIOCULTURAL CONTEXT OF FOUNTAINVIEW

A description of the sociocultural system of Fountainview is a necessary prelude to a discussion of both village-level and individual responses to aging and death within the village.

The foundation of a sociocultural system contains two subsystems--an economic subsystem and a demographic subsystem. This foundation sets limits upon the manner in which the organizational structure and the ideology of the system are elaborated. As long as this foundation remains unaltered, any attempts to innovate will be unsuccessful or, at minimum, will lead to only minor "compensatory changes" which maintain the integrity of the system as a whole (Harris, 1979, pp. 71-72).

The maintenance of a viable foundation is necessary for the survival of the system. In the case of Fountainview, there is an intimate relationship between the economic subsystem and the demographic subsystem. The manner in which the village economy of Fountainview has been structured is described in the first section of this chapter. This discussion will clarify the relationship between the economic subsystem and the demographic subsystem of Fountainview (described in Chapter V).

The cultural norms which have been elaborated by residents, the composition of social groups, and the roles played by residents are influenced by this two-part economic/demographic foundation and by the related "club" structure created by the original developer of Fountainview. These three topics are presented in the next three sections of this chapter. The chapter concludes with a portrayal of the major characteristics of this "created" sociocultural system for retirees--the retirement village of Fountainview.

#### The Economic Foundation of Fountainview

##### Creation of the Village Economy

The primary motivation of real-estate developers is to make profits through real-estate sales. Developers of retirement villages are no exception. During the site-selection process, data obtained in exploratory interviews with developers of other retirement villages in the northern and central areas of Florida confirm this statement. Likewise, an examination of Fountainview's community documents, coupled with interviews of resident-leaders and management, reveals that major emphasis is placed upon real-estate sales and resales in Fountainview.

However, there is one major difference between Fountainview and the majority of other retirement villages. The original developers of Fountainview created the village at the encouragement of, and with guidelines from, a national organization of retirees. Thus, Fountainview was



developed not only to make profits through real-estate sales. The original developers of Fountainview were also motivated (1) by two additional economic considerations and (2) by a "humanitarian mission" stemming from their ties with a national organization of retirees interested in the housing needs of older adults.

The developers were economically motivated to develop and manage Fountainview (1) to cement their business relationships with this national organization of retirees and (2) as a public-relations tactic, i.e., to create a "show place" which would enhance their image in the eyes of retirees who were purchasing, or who might purchase, the products and services of their related company.

The influential planning guidelines provided by the national organization of retirees served as a mandate to the developers, i.e., facilities and services must meet the housing needs of older adults. Thus, the original developers found it necessary to balance the profit motive with this "humanitarian mission." Having the necessary capital, they began creating a model retirement community as a pilot project of the national organization of retirees. (It is important to note that long-term residents have been socialized into this "humanitarian mission," viewing Fountainview as a community "created for older people by older people" as an "experiment.")

Nevertheless, profit-making through real-estate sales has been the primary activity in Fountainview. It has been

necessary for the financial survival of the village. Given this economic motivation within a real-estate-sales perspective, Fountainview was created by the developers for retirees. The developers identified their potential market as white, middle-class, urban/suburban retired Americans. Then, they created a real-estate development that would attract this market.

Fountainview is a mirror image of the American middle-class suburban physical and sociocultural environment. The physical environment includes winding residential streets, well-manicured lawns, well-maintained public buildings, and single-family dwelling units. Such an environment is designed to attract the healthy, younger retiree. The cultural values of "activity" and "youthfulness" are reflected in the creation of a "club" environment in which a leisure/recreational lifestyle is emphasized.

The additional "humanitarian mission" involved addressing some of the needs of an older population. Thus, the developers incurred the added expenses of special services, such as emergency medical technicians and in-home maintenance. At the same time, their economic assets were constrained by another special creation for the retired residents--the protective cost-of-living clause in the lease agreement, designed to protect fixed retirement incomes. The first nine years of Fountainview's existence was within

this real-estate-development framework, coupled with a "humanitarian mission."

In creating Fountainview, the original developer did not structure the environment so that aging residents would be able to remain in the village, once problems of decreased mobility and declining health interfered with their ability to function independently. (1) The developer did not include health-care facilities in Fountainview. (2) The developer did not create or facilitate the establishment of community-level organizational structures that could provide supportive services to aging residents. (3) The developer did not encourage the development of informal supportive services by setting aside office space to house a voluntary resident-organization.

By structuring the environment so that aging residents must leave Fountainview, a turnover in real-estate is assured. The out-migration of aging residents is balanced by the in-migration of younger retirees. In addition, one biological reality--the death of some residents--aids this turnover. Thus, the continued sale and resale of residences is assured. It is this process of real-estate turnover, i.e., "demographic cycling," that ensures the economic viability of the village.

#### The Village Economy Under the Original Developer

During the time of high inflation rates in the 1970s, operating expenses rose while the protective cost-of-living clause in the lease agreements of established residents

precluded the collection of any substantially larger rent payments. To increase income, the original developer was forced to repeatedly raise the entry-level rents of incoming residents. In addition, reliance on income from the sale of new homes was coming to an end as real-estate development neared completion.

Under these changing economic conditions, it was a wise business decision to sell the village. The timing of the sale coincided with the date when the original developer was legally allowed to sell the village after severing its business ties with the national organization of retirees. However, the village would have been sold earlier, if there had been no legal restrictions.

#### Organizational Tasks and Goals Since Resident Ownership

When the residents purchased Fountainview, two interdependent organizational structures were created-- (1) the Fountainview Residents' Cooperative Association (FRCA) and (2) the village's real-estate-sales subsidiary. The boards of both organizations are composed of residents and management.

The tasks and underlying goals of these two organizations have been identified (1) by observing the behavior of members during formal meetings of the residents' cooperative association, (2) by interviewing these members, and (3) by examining community documents. There are two major organizational goals--(1) to maintain the economic

stability of Fountainview and (2) to control the costs of the residents' monthly maintenance fees.

The general task of the residents' cooperative association is to determine policies related to financial management, maintenance of village facilities and grounds, and other operational procedures. Their decisions are governed by the underlying goal of maintaining the monthly maintenance fee at its present level, while, at the same time, maintaining the present level of facilities and services available to residents.

The high priority of this goal is the result of two historic factors. (1) The original owner and developer set a precedent by including a protective cost-of-living clause within the original lease agreement. (2) Following the purchase of the village by residents, residents had the power to develop organizational policies which took into account the economic situation of residents--the fixed incomes of retirees.

The second organizational structure--the real-estate-sales subsidiary--is in charge of selling the few remaining unsold lots and homes and handles most of the resales of village homes. (Only a few homes have been listed with competing real-estate agencies in the area.) All real-estate advertisements and sales activities are planned and implemented through this subsidiary.

### The Village Economy Since Resident-Ownership

After the residents purchased the village, income was initially enhanced by the resale of an unusually large number of homes that had accumulated during the crisis over ownership. Also, the development of fifty additional lots, plus the continuing sale of unpurchased cooperative shares, increased the village's income. Operating expenses were decreased by eliminating in-home maintenance services as a free service and by decreasing the size of the staff.

Under these conditions, FRCA was able to achieve its goal of no maintenance fee increase for four years. At the beginning of 1987, a slight increase in maintenance fees became necessary. In the near future, the economic status of the village will be faced with further financial challenges. There are several reasons underlying these challenges.

First, once the backlog of real-estate listings was eliminated, resales depended solely upon the rate of turnover. In Fountainview, the present turnover rate is 5 percent--fifty to sixty resales annually.

A second reason is that there are only a few empty lots which remain to be sold. Also, the number of unpurchased shares in the cooperative continues to diminish and will cease in the near future.

Third, additional sales competition is arising from new large-scale retirement-village developments in the area, as well as from the development of life-care/continuing-care

communities. Fountainview must compete with the attractiveness of the new homes and the new recreational facilities of recently developed retirement villages in the area.

Given these competitive conditions, the land which the residents' association had considered as a potential location for an adult congregate-living facility in 1984 was earmarked as the location for a new recreational area containing tennis courts and picnic facilities. In early 1986, the tennis courts were completed and officially dedicated. In other words, development priorities involve financial commitments to facilities for younger retirees, not for older, aging residents.

These economic challenges are placing the present resident-owners in a vulnerable position similar to the one which faced the original owners. Only one option has been seriously considered, given the goal of minimizing fee increases and maintaining present services. That option is to expanded real-estate development so that additional income can be obtained from the sale of land and homes.

The issue of purchasing land adjacent to the village was again raised in early 1987. However, the rationale for purchasing the land changed. Whereas the original purpose was related to the development of an adult congregate-living facility, now the purchase and development of new land are becoming necessary to generate additional income for the village.

In essence, the residents have become the real-estate developers. Nothing has really changed since resident-ownership, except that the residents are in control of the development. The same set of economic conditions rules, and the resident-owners are making the same kinds of economic decisions.

### The Cultural Norms of Fountainview

A more complete understanding of the sociocultural system of Fountainview can be gained by studying the cultural norms of the village. Both resident-behavior and community-level organizational behavior reflect these norms.

### General Cultural Norms of Middle-Class America

Fountainview replicates the norms of the American culture of which is a part. Specifically, it replicates the norms of white, urban/suburban, middle-class America. This replication occurs for two reasons. (1) The original developer created a middle-class environment. (2) This created environment has attracted middle-class retirees. In other words, the environment preselects the composition of the resident-population. The fact that these retirees have chosen a retirement-village environment indicates that they expect this environment to be compatible with their personal needs and desires, with their sociocultural background, and with their specialized needs as retirees.

The cultural values which are replicated in the village include the following examples. Residents live independently in single-family homes. The privacy of each



household is respected by neighbors. Neighbors are friendly but not intrusive.

Friends and neighbors will be helpful when there is a crisis, but such aid is temporary. If a resident needs long-term help and/or emotional support, it is the resident's relatives who are responsible. If residents can no longer maintain their independent-living situations, it is expected that they will move to an environment more conducive to their needs and/or use their financial resources to purchase the needed supportive services so that they can remain in their homes.

Home, marriage, and family assume first priority in the daily lives of residents. Beyond the home, social contacts are made and maintained by voluntarily joining various formal and informal associations/organizations. The voluntary nature of these "clubs" allows people to enter and withdraw as their needs and desires change.

#### Cultural Norms Related to Retirement

In addition to general American middle-class norms, cultural norms specifically related to the residents' retirement status have been elaborated. First, there is the norm that "all residents are equal." This norm stems from the residents' similarities. They are similar in socioeconomic status, in age, and in their life-course position, i.e., being retired in an ageist society. In the village, status/prestige cannot be gained by dwelling upon and bragging about one's former occupational status.

Positive recognition and reinforcement within the village can only be gained by taking on new roles that contribute to the village.

A second norm that is of crucial importance is "you can do as much or as little as you desire." There is neither social pressure nor guidelines which instruct a resident as to how he/she must spend his/her leisure time.

A third norm is "be active." This means that a resident should be physically active to the extent of his/her abilities and should seek out mental stimulation and social involvement. An additional corollary to the "be active" norm is that residents should project the image of being an active retiree to "outsiders."

A resident has the option to choose not to be involved, but there is no sympathy given to the isolate. Residents point out that there are numerous opportunities for activity and social involvement. It is believed that an unhappy isolate brought this unhappiness upon himself/herself. Sympathy for isolates is given only in the case of involuntary isolation due to declining health and/or decreased mobility.

#### Cultural Norms Elaborated Within the Club

There are additional norms of which residents may or may not be aware. Residents learn these norms to the extent that they are involved in club activities and/or according to their length of residence in the village. The cultural norm that "you can do as much or as little as you desire"

has been further refined, with exceptions being added. For example, "you can do as you please" under the following circumstances.

First, you can do as you please as long as there are enough residents in the roles of village leadership and enough participants in village activities so that the "active" lifestyle of the village is maintained. Second, you can do as you please as long as you realize that, although non-participation in the club is not negatively sanctioned, neither is it positively sanctioned. If you desire positive sanctions, i.e., community recognition, then you should be visibly active in the "club."

Third, you can do as you please as long as your participation in extra-community activities enhances the status of the village or, at minimum, is neutral and does not detract from the status of the village. Community-level recognition is given to those residents who participate in extra-community activities which are positively sanctioned by the village leadership (such as serving as a volunteer in the schools, hospitals, and nursing homes of the nearby community, or being on a board or committee whose activities focus on the issues of medical care and/or aging)

Fourth, you can do as you please as long as your participation in extra-community activities does not take precedence over your participation in village activities. At minimum, this means that residents must make it clear,

by their behavior, that their primary allegiance is to the village.

There are two additional norms which became especially prominent during the crisis over ownership of the village. One of these norms is reflected in the theme of "community unity," discussed earlier in this chapter. This norm is that residents must present a united front to "outsiders" and thereby protect the interests of the village.

The second norm is that conflict among residents should be avoided. During the crisis, this norm became elaborated as follows--"there should be no differences of opinion or conflict within the village regarding the decisions and actions taken by the residents' association." Voting should be unanimous. Dissenters should be negatively sanctioned.

Such a norm is predictable when a serious crisis threatens a group's survival (Reitz, 1977, pp. 444-445). However, after the crisis had passed, the norm continued, being restated as follows--"there should be no 'politics' within the community because we do not want conflict among residents to develop."

The conflict over the acceptability of this norm was played out in the context of the issue of whether or not there must be two candidates for each seat on the board of the residents' association. This issue was eventually resolved in favor of two candidates for each board position.

The majority of residents perceived a two-candidates requirement as an important part of the process of

democracy. They did not view it as being necessarily synonymous with disruptive conflict. However, the general cultural norm regarding the avoidance of conflict persists.

### Social Roles of Residents

The cultural norms of the American middle-class, coupled with those norms particularly related to the residents' retirement status, are reflected in residents' behavior. However, there are individual differences in the roles which residents choose to play.

The majority of the residents spend their leisure hours doing "as they please." Their major role is "being a retiree." As one male resident put it,

It's as much as you want to do or as little as you want to do. We've found that very nice because we can go or not go as the mood strikes us.

For this majority of residents whose major role is "retiree," the "club" is used as a means to an end--to make social contacts and to develop and maintain a social group composed of residents who have common interests. Once a social network has been established, socializing with friends may or may not occur in club locations. It is just as likely to occur within private homes (especially playing cards with other residents) and outside the village (especially eating at restaurants and taking trips with other resident-friends).

Once friendships are established, this "retiree"-majority are most likely (1) to attend clubhouse functions that are special events or that are scheduled only once a

month or less, and/or (2) to use clubhouse facilities (such as the swimming pool and billiards room), rather than participating in weekly scheduled activities and performing leadership roles. They avoid being programmed; they do not want their time to be structured.

Only a minority of residents focus a major portion of their social life around the clubhouse, participating in regularly scheduled clubhouse activities and/or frequently using the club facilities. There is even a smaller minority who take positions of leadership and work on committees. These are the residents who have a need to establish new roles or to reestablish former community-leadership roles within this village setting. Such behavior also reflects middle-class American cultural values--to be productive and useful and to contribute to the community.

Those residents who are "active" in the "club" are the ones who are most visible to the "outsider." The visibility of this group of residents strengthens the public's image of the "active" retirement village.

Finally, there is a small group of residents who had no need to use the clubhouse for the purpose of making friends. This group already had friends and/or relatives in the village and have continued to focus their social life upon these preestablished contacts.

#### Composition of Social Groups

In addition to the individual variations in the roles played by residents, the composition of social groups varies

among subgroups of residents. When residents were asked to name those persons with whom they usually socialized, it was seldom that residents named neighbors. It is the common interests of residents which are the impetus for the creation of social groups.

For example, Fountainview's residents' major leisure activity is card playing. In fact, residents describe Fountainview as a "card-playing community." The development of a social group is facilitated if a resident has an interest in playing cards.

Although residents in a neighborhood frequently chat with each other while working in the yard or while walking or riding in the village, these contacts are more likely to be brief interactions. Privacy is maintained by being friendly, but not too friendly, with neighbors.

As residents age, the neighborhood may become an increasingly important source of social contacts, especially if one is home-bound due to illness or other physical problems or is caring for a frail spouse. This will be discussed further in subsequent chapters.

Thus, Fountainview consists of a multitude of loosely structured social groups, having little relationship to geographical location within the village. These social groups are common-interest groups which tend to be composed of residents in similar age ranges (and in the same cohort) and of identical marital status. Early settlers socialize with early settlers, and newcomers socialize with newcomers.

Married couples tend to spend their time with other married couples. Singles socialize mainly with singles.

A married female early settler in her mid-seventies explained these social groupings by stating,

We tend to stay with people we first met. We cling to the older friends....Many of the people who are moving in are younger. It's a division like between baby boomers and teenagers. It's a different level of age....They naturally go to their own [age] group.

### Conclusions

The sociocultural dynamics of the retirement village of Fountainview have been enacted upon a "stage" designed by the original developer in consultation with a national organization of retirees. The structural prerequisites for an ideally functioning retirement village--the underlying economic subsystem, the demographic profile of the group to be targeted for marketing, the physical design of the community, and the formal organizational structure of the clubhouse--were fashioned by the developer.

The emphasis of these structural features was on physical and financial security, the creation of new roles for retirees within a "club" structure, and an "active" lifestyle within a physical setting that would attract middle-class retirees.

Given these structural features, the "desired" demographic structure of the village was obtained. The village attracted younger, healthier, married, white-collar professionals whose needs and desires were compatible with



this artificially designed village. Within this sociocultural environment residents elaborated the norms of the American middle-class, coupled with norms related to their retirement status and norms related to the "club."

In creating this sociocultural system the developers took into account only one life-course substage of the retirement years--the early retirement years. Aging and death were made invisible by excluding facilities and services related to health care, mourning, and widowhood. The realities of biological aging and death were denied.

The "denial of death" and the "celebration of activity" were views which were compatible with the residents who were attracted to Fountainview. "Activity" was celebrated so that residents would remain "young." Also, maintaining this "public image" of "activity" was necessary so that younger retirees would continue to be attracted to the village. Through replacement of older residents with younger newcomers (i.e., demographic cycling), Fountainview has survived.

The original developer created an essentially "closed" system. By locating the village several miles from the nearby community, by enclosing the village with security fences, and by protecting the village with security gates and guards at points of entry, the boundaries of the village were drawn.

In addition, there were sharp contrasts between village residents and the people in the nearby community in terms of

socioeconomic status and lifestyle. Most of the interactions with the "outside" were limited to commercial transactions. Informal social interaction occurred mainly with other residents of Fountainview. Thus, residents were both territorially and socially separated from the "outside."

The combination of a "closed" system and a specialized environment for only one subgroup of retirees resulted in a perspective that Fountainview was "changeless" and that change could not penetrate the village. This illusion was reinforced by the process of "demographic cycling"--the in-migration of younger retirees and the out-migration of aging residents. To the extent that death and illness were invisible, Fountainview appeared as if no major changes had taken place. "Club" activities and informal social activities continued. The image of "activity" was maintained.

In this sociocultural system the "humanitarian mission" has been secondary to the maintenance of the economic and demographic subsystems--the foundation of the village. An innovative response to the needs of aging residents will be successful if, and only if, it does not threaten the underlying foundation of the village. This fact has implications regarding the extent to which village-level and resident-initiated programs and facilities for an aging population can be included within Fountainview. With this

idea in mind an exploration of Fountainview's responses to aging and death will be undertaken in Chapter VII.

## CHAPTER VII RESPONSES TO AGING AND DEATH IN FOUNTAINVIEW

Aging, illness, and death are three events which are likely to precipitate a crisis among the residents of Fountainview. The types of responses to these crises by individual residents and by the informal and formal organizations within Fountainview will influence whether or not residents in crisis are able to continue their residency in the village. If not, a "physical exit" from Fountainview is likely to result.

The type and frequency of supportive responses will affect the quality-of-life of these residents in crisis. If supportive responses are inadequate in meeting residents' needs, then it is possible that these residents may experience a "social exit." In other words, social isolation is a possible consequence of limited mobility, decreased stamina, sensory deficits, and the illness(es) of a resident and/or a spouse of a resident.

This chapter begins with a description and analysis of the formally organized programs/services for aging and/or single residents. These findings are contrasted with residents' perceptions and knowledge of these programs/services. In addition, the responses of individual residents and management to residents' crises are explored.

Next, consideration is given to the manner in which Fountainview's organizations and individual residents deal with death and widowhood. Mechanisms used to hide death are discussed.

An actual "physical exit" from Fountainview may occur for a variety of reasons. The "exodus study" is conducted to pinpoint those crises which precipitate an exit from the village. The findings of this study are used to construct a typology of exits and to explore the relationship between reasons for exit from the village and the retirement-village environment.

The chapter concludes with a broader analysis of Fountainview's response to aging and single residents. The typology developed by Wilensky and Lebeaux (1958) regarding societal perspectives on the provisions of social services is adapted to characterize the types of responses which Fountainview has made.

#### The Nature of Programs/Services for Aging Residents Overview of Programs and Services

According to a published Fountainview brochure, there are twelve aging-related programs and services available to Fountainview residents. Three are related to health maintenance and health-status monitoring. These programs/services are (1) exercise classes, (2) blood pressure screenings, and (3) hearing screenings.

Two programs/services provide information or products related to health care. (1) The Loan Closet provides wheel

chairs, walkers, and other related equipment to residents.

(2) The Medicare and Health Insurance Committee provides information on "all aspects of insurance," including those problems related to insurance claims and reimbursements.

Four programs/services address the anticipated need for emergency assistance--(1) CPR training of residents, (2) the Blood Bank, (3) the Vial of Life Program which is designed to provide vital information to those who are providing emergency assistance, and (4) the emergency buttons installed in each residence which summon hired staff trained as emergency medical technicians (EMTs).

Three programs/services facilitate the continuation of independent-living in the village--(1) the residents' volunteer program which mainly provides transportation services, (2) Meals-On-Wheels, and (3) services purchased from the Home Health Care agency.

#### An Analysis of Formal Programs/Services

The nature of these programs can be examined in more detail by considering five questions. (1) What needs have been addressed in the creation and implementation of these programs/services--general needs of an aging population or specific needs related to widowhood/singlehood and to declining functioning due to aging and/or illness? (2) Who are the service providers--residents, hired staff, or "outside" professionals? (3) Were these programs/services part of the original plan created by the original developers? (4) What is the level of involvement and

responsibility inherent in these programs? (5) Are these programs coordinated?

Types of needs addressed

Most of the programs were created during the early years of Fountainview's existence. They represent general responses to the needs of older adults rather than specific responses to the more recent aging of the community.

The services created since the residents purchased the village of Fountainview are the residents' volunteer program and Home Health Care. The former program was informally created by residents when the unmet need for transportation to the doctor was identified by the Home Health Care agency.

Resident-leaders of the residents' association encouraged a Home Health Care agency to establish a branch office on the periphery of Fountainview soon after residents purchased the village. These resident-leaders were "early settlers" attuned to the problems of aging residents. They were motivated to make the village "even better" by providing facilities and services that would extend the length of village residency. Their two projects were Home Health Care and the unsuccessful attempt to establish an adult congregate-living facility on the premises.

Service-providers

Seven programs are staffed by resident volunteers. One service is provided by village employees--the emergency medical technicians. The four remaining programs are staffed by "outside" professionals. They are not exclusive

to Fountainview, but also serve the wider community. These four programs are blood pressure screenings, hearing screenings, Meals-On-Wheels, and Home Health Care. However, in the case of Meals-On-Wheels, Fountainview residents deliver the prepared meals to residents.

Programs/services as part of the original plan

Only two programs/services were part of the plan of the original developers--(1) the health maintenance programs within the organizational structure of the "club" and (2) the emergency buttons summoning emergency medical technicians. In addition, the original developers of Fountainview included bus service to area shopping malls and plazas. This service was created as a convenience to all residents and was not specifically designed to address the transportation needs of needy, older residents.

Several of the programs that were subsequently developed by residents were offshoots of special committees of the Fountainview branch of AARP, e.g., the Medicare and Health Insurance Committee. The branch office of the Home Health Care agency and the residents' volunteer program were the two programs/services added in direct response to the special needs of older residents.

Level of involvement and responsibility

The programs/services created and implemented by resident-volunteers provide short-term, temporary services. There are strict limitations on "being one's brother's keeper."



A service that makes too many demands on resident-volunteers' time is either eliminated or formally structured so that infringement on volunteers' time and privacy is controlled. This is illustrated by the history of the two residents' volunteer programs.

The elimination of Fountainview's first residents' volunteer program occurred for two reasons. (1) The program attempted to provide an array of supportive services that were too demanding of residents' time. (2) It did not create a formal organizational structure that centralized service requests and work assignments. Rather, residents were allowed to make their requests for services directly to any volunteer who was listed.

The second volunteer program corrected these mistakes by limiting their services mainly to transportation services and by creating a centralized referral system. Thus, the level of involvement and responsibility of volunteers was limited.

In contrast to the short-term, limited level of involvement and responsibility of these village programs/ services, the type of supportive services necessary to prolong independent-living arrangements in Fountainview demands a higher level of involvement and responsibility. The only existing program which meets these requirements is the wider-community's Home Health Care services.

### Program coordination

No village-level organization coordinates the twelve programs/services.

In summary, most of the existing programs/services in Fountainview address the general needs of all aging persons, such as wellness and preparation for an emergency. The programs provide mainly short-term, temporary services, with services being provided by resident-volunteers. They are structured so that the level of involvement and responsibility of residents is minimal. No village-level organization unites and coordinates service delivery.

### Residents' Perceptions and Knowledge of Present Services

Interview data indicate that many Fountainview residents believe that there are more services available than exist in actuality. Residents' beliefs and expectations are that they will be secure and will receive support when the need arises. It is not until they actually need such services that they discover the limitations.

For example, many believe that the residents' volunteer program provides a wide range of services. In reality, the volunteer program mainly provides transportation. Other services are occasionally arranged on an informal basis, such as assisting a resident in getting out of and into bed. However, such services are given only on a short-term basis. Long-term assistance is deemed to be an inappropriate use of volunteer time. Residents believe that a resident needing

continuing assistance should be making alternative living arrangements.

Similarly, some Fountainview residents do not understand the type of services which are, or are not, available through the Home Health Care agency. For example, the residents' volunteer program was organized because the Home Health Care agency received so many inappropriate requests for transportation services.

Some Fountainview residents do not understand the eligibility requirements that must be met (i.e., physician's recommendation) so that Home Health Care fees are covered by Medicare or private insurance. Residents who desire, but are ineligible for, such services often react negatively when they discover the expenses which are involved. Thus, they may opt to "make do" with their present situation.

The goal of the Home Health Care agency is to provide more comprehensive, longer-term services that will allow older adults to remain in their own homes for as long as it is medically feasible. The resulting service-delivery system and the accompanying fee structure reflect this emphasis. For example, homemaker services are delivered in four-hour blocks of time. If a resident only needs two hours of service, she/he must still pay for four hours.

During an annual meeting of the residents' association, the first president of that association suggested that Fountainview should explore the possibility of developing a more flexible arrangement with the Home Health Care agency.

He suggested that several residents could share the services of one homemaker during a four-hour time period and equitably divide the costs of that time between them.

This idea, to my knowledge, was never pursued. The likelihood of such an arrangement would depend upon (1) the flexibility of the Home Health Care agency and (2) the development of an organizational structure that could coordinate service-requests with service-delivery.

Thus, the needs of a number of Fountainview residents are not compatible with the fee structure and service-delivery system of the Home Health Care agency. Although there are some residents who are eligible for third-party reimbursement of these services, there is a larger group of residents who does not fit into the financial-eligibility requirements of the agency. Their service-needs are such that they need more services than are offered by the village, but they do not need as much service as is offered by the Home Health Care agency. The "intermediate-support" needs of this group of Fountainview residents have not been adequately addressed.

In summary, only three programs facilitate the continuation of independent living in Fountainview-- (1) Meals-On-Wheels, (2) the residents' volunteer program providing transportation services, and (3) the Home Health Care agency. Whereas the first two programs provide temporary services, the latter agency provides long-term services within homes. Therefore a major gap in services is

found in the area of "intermediate support." Aging Fountainview residents need a long-term, continuous delivery of services within the context of service-contacts of short duration.

#### An Analysis of Informal Supportiveness

In addition to these three services, informal assistance is given by neighbors and friends. However, there are limitations and gaps in these informal services.

(1) Such informal assistance is highly dependent upon whether or not residents in need have an established social network. If they have not establish such a network (i.e., are social isolates) or have lost their friends due to death and/or relocation, supportive assistance may not be available.

(2) Informal assistance does not suffice when there is a need for a coordinated group of services or when the service-needs of residents require professional skills and resources that are beyond the resources and skills of helpful residents.

(3) Informal assistance follows the cultural norm of "respect for privacy." Residents are reluctant to intervene when the needs of Fountainview residents cannot be met within the framework of existing informal and formal supportive services. Their expectation is that residents should move or relatives should intervene.

Also, Fountainview residents who may need someone with whom they can talk do not always feel comfortable sharing

their most private feelings and thoughts with other village residents. In fact, residents positively sanction those persons who stoically cope with stress and who do not express negative feelings.

### Management's Responses to Crises

In the absence of a full array of services for aging residents, unresolved crises may lead eventually to intervention by Fountainview's management and staff. However, as a rule, there is a lapse of time before management becomes aware of the problem. During this lapse of time, neighbors and friends have been expressing their concern to one another while the situation grows increasingly serious. In fact, many crises could have been averted if appropriate services could have been provided sooner.

When other types of intervention are lacking or have not been able to resolve the crisis, management becomes the last source of intervention. Data collected through participant observation and interviews with residents and staff provide examples of management intervention.

For example, in those unresolved situations in which Fountainview residents are having very serious problems functioning independently and/or have become dangerous to themselves or others, management will first try to contact and involve relatives. If there are no available relatives, management may reluctantly take legal action. In a few cases, when appropriate, management has asked the program

director of the clubhouse to contact a social-service agency in the wider community.

Also, management employees, especially security and maintenance staff, have handled situations in which professional social services would have been more appropriate. For example, a widow's adverse emotional reactions to widowhood, coupled with her social isolation and a developing suspiciousness of others, led to misunderstandings with her neighbors regarding the care of their lawns. When this widow phoned management with her grievances regarding her neighbors, employees were asked to handle it.

Similarly, a recently widowed resident who was still in the midst of the mourning process returned to her home and "felt" that someone had been there. She phoned management and an employee was sent to investigate.

Such requests are really cries for help and support. The resident's underlying problem is likely to be related to stress, such as the difficulty of adjusting to being alone following the death of a spouse. When the covert nature of these requests is not addressed, residents are likely to make further requests from management. Thus, the problem is never resolved, and employees' time is repeatedly used inappropriately.

Management and staff are ill-equipped to handle such crises and requests. Management is equipped to make business-oriented responses, such as writing formal business

letters to residents, contacting relatives, or taking legal action if there are no relatives. Management interventions under these conditions are authority-type response, not problem-solving, helping responses. Similarly, employees are hired to perform specific tasks. They have not been trained in the helping professions.

In the examples presented, two gaps in services are apparent. (1) There is a need for supportive services for widows who are having difficulties. (2) There is a need for earlier, problem-solving intervention in situations that are likely to demand assistance with relocation. This is especially important in the case of residents who have no family.

In addition, it should be noted that inappropriate service-requests are an excellent means of identifying some of the people in need of supportive services.

#### Dealing with Death

##### Organizational Responses to Death

Fountainview has two formal organizations that deal with death--(1) the Spiritual Life Committee and (2) the Memorial Fund Committee.

The Spiritual Life Committee is responsible for public announcements of deaths in the village and for the annual Memorial Service for deceased residents. A record book with names of the deceased, located in the clubhouse chapel, is continually updated.



Public notifications of deaths are placed on a sign, for one day only, in a corner of the clubhouse auditorium. The sign states the name of the deceased, the years of birth and death, and whether or not there will be a memorial service in the nearby community.

The Memorial Fund Committee handles donations given by residents in the name of the deceased. The names of donors are recorded in a book also located in the chapel.

#### Mechanisms for Hiding Death

The manner in which death is handled in Fountainview reflects the norms of American society. Death is hidden as much as possible.

There are no cemeteries or mortuaries within the village. Although a resident requested that an area be set aside for the scattering of ashes, the board of the residents' cooperative association denied this request after engaging in a great deal of debate.

There is a memorial fountain built in commemoration of deceased residents. However, the residents' informal comments about this fountain are negative. They complain that the fountain is "ugly." Although the fountain is not as "fancy" as other architectural structures in the community, their negative reaction to this fountain may be more likely due to the fact that it is a visible reminder of death.

Announcements of deaths are not included in any community publications. The three newsletters published and

distributed within the community are specialized. (1) One publication is for the announcement of clubhouse activities. (2) Another publication is the vehicle of the residents' association and reports summaries of Board meetings. (3) The third publication is a quarterly bulletin of personal interest stories. The weekday one-half hour closed-circuit cable television program includes brief activity announcements and devotes most of its shows to public-interest educational programs.

There is no community "news"-paper. No personal news--about residents' deaths, remarriages, summer vacations, and visitors--is published. Periodically, residents express a desire for a newspaper, but management has not been supportive. The primary purpose of newsletters, from the perspective of management, is related to real-estate sales. Current newsletters, professionally printed on high quality paper, are part of the sales-brochure package.

Thus, the news of a death must travel by word-of-mouth. The source of this information may be a neighbor and/or close friend who was called to aid the family/person in distress or who observed an ambulance call or other signs of "trouble." If a person died during a stay in a hospital or nursing home, a spouse/close friend of the deceased may be the source of the information.

This information then travels among other neighbors/friends (1) who stop to talk to each other while taking

their morning or evening walk, (2) who see each other while working in their yards, or (3) who talk to each other on the phone. Once the news is received by the Spiritual Life Committee and/or by a person who is active in clubhouse activities, the news will travel very quickly among groups within the clubhouse. Then, the news will reenter the village, traveling further out into other village social groups and neighborhoods.

Thus, death is present within the village and, yet, hidden. Death notifications are communicated as unobtrusively as possible. Memorial services, except for the annual January memorial service honoring all residents who died during the previous year, are outside the village.

By minimizing the visibility of death, residents can avoid being overwhelmed by the average one-death-per-week of residents. However, through word-of-mouth communications, residents are repeatedly reminded that death is an ever-present reality which cannot be totally hidden.

#### Supportive Systems for Widows

It is expected that relatives will be the major source of emotional support for recently widowed residents. There are no educational programs or support groups for widows within the village.

The Singles' Club is a social club. Members of the club reach out to widows and invite them to the monthly club dinner. This monthly dinner is a mechanism for meeting other singles and making new single friends.

Emotional support of widows occurs informally among single residents. However, a resident who is not able to successfully complete the mourning process is the subject of concern. Residents do not know what else to do and will not intervene further because of the norm of respecting the privacy of others.

#### Exits from the Village

Data on Fountainview's responses to aging, illness, and death would not be complete without considering exits from the village. By obtaining information about the specific reasons for village exit and relocation destinations, we will be able to pinpoint those circumstances which result in "person-environment incongruity."

For example, if we discover that a number of residents who are experiencing the adverse effects of the normal processes of aging, illness, and/or the death of a spouse are leaving Fountainview, then we can search for the gaps in Fountainview's services/programs which necessitate these exits. This is one way of qualitatively assessing the relationship between Fountainview's sociocultural system and the daily lives of aging residents.

#### Background of the Exodus Study

The sampling frame for the exodus study consists of a list of the names of 57 former residents whose homes were sold during a brisk real-estate-sales period during the first six months of 1984. One-third (n=19) of these names was randomly selected.

Interviews were conducted with long-term residents who lived one or two doors, or across the street, from these homes of former residents. Three items of information were sought--(1) the reason for exit from the village, (2) the type of alternative living arrangements which was chosen, and (3) the destination of the relocation.

#### Findings of the Exodus Study

Table 7-1 presents the percentages of households that exited the village for various reasons. Of the six major reasons given for the sale of homes, 59 percent were illness-related or death-related. This included 32 percent due to poor health, 11 percent due to the death of a resident in a two-person household, and 16 percent due to the death of a resident in a single-person household.

An additional 22 percent of the reasons were related to adult children or grandchildren. Either the children were in need of assistance due to a family crisis or residents missed having more frequent contact with their children and grandchildren.

The desire for recreational amenities which were unavailable at Fountainview or absent within the general area (such as a golf course or "better" fishing) accounted for 11 percent of the village exits. Another 5 percent (one household) did not exit from the village; rather, they moved to a different location within the park. Finally, the reasons for one household leaving are not known, other than

Table 7-1. Reasons for Exit from Fountainview

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<u>Reason for Exit</u>	<u>Percentage of Former Residents (n=19)</u>
Poor Health	32% (6)
Death:	
In Two-Person Household	11% (2)
In One-Person Household	16% (3)
Child-Related Crises	22% (4)
Absence of Desired Recreational Amenities	11% (2)
Relocation Within Village	5% (1)
Unknown	5% (1)

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Table 7-2. Type of Alternative Living Arrangements Chosen Following Relocation

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<u>Type of Living Arrangement</u>	<u>Percentage of Former Residents (n=19)</u>
<u>Outside State</u>	
Independent Households Near Friends and/or Family	53% (10)
<u>Instate</u>	
Life-Care/Continuing-Care Facilities	16% (3)
Independent Households in a Retirement Village or Neighborhood	11% (2)
Relocation Within the Village	5% (1)
<u>Death</u>	16% (3)

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the couple were social isolates and did not enter into village life.

Table 7-2 summarizes the types of alternative living arrangements which were chosen. The residents of ten households--53 percent--were living in independent households that were near family and friends. Another 16 percent of the residents moved into life-care or continuing-care facilities, whereas 11 percent moved to another independent household or retirement village within the state. Finally, 5 percent moved to another home within the village, and 16 percent died.

Table 7-2 also indicates the destination of relocation--instate or out-of-state. Whereas 53 percent moved out-of-state, 32 percent remained in Florida. The remaining 16 percent died. If these deaths are excluded, it can be concluded that approximately two-thirds of those leaving Fountainview moved out-of-state. One-third remained in the state.

#### A Typology of Exits

The exodus-study findings were combined with data from participant observation and interviews with residents whose homes were for sale. This procedure made it possible to construct a sixfold typology of exits from the village. These six types of exits are as follows--(1) the premature exit, (2) the external-crisis exit, (3) the anticipatory exit, (4) the involuntary exit, (5) the inappropriate non-exit, and (6) the community-crisis exit.

Type one: premature exit

This type of exit is a voluntary exit and is unrelated to the crises of illness and/or death of residents. It is a "premature" exit because residency in Fountainview is terminated before these residents have been confronted with the death of a spouse or have had to cope with increasing dependency due to the normal processes of aging and illness.

It is most frequently the result of personal dissatisfaction. There is a lack of fit between the desires and/or personalities of residents and the physical and/or sociocultural environment of the retirement village (or the environment of central Florida generally).

This type of exit is chosen by social isolates and by retirees who desire recreational outlets unavailable either within the village or within the general central Florida area. It also occurs among married couples when one of the partners, usually the wife, is unhappy because she misses the children/grandchildren.

Type two: external-crisis exit

This type of exit occurs when family members, usually children, are experiencing a crisis and need the assistance of their parents. It is also likely to be a "premature" exit.

Type three: anticipatory exit

This type of exit is related to those changes in health and/or mobility which stimulate residents to recognize that



they may not be able to maintain an independent living situation in the near future. Usually, there are "warning signals" which stimulate the decision making process, such as a medical crisis from which the resident is recuperating or the discovery of a chronic condition which will worsen over time. These crises prompt residents to realize that they must seriously begin to explore alternative living arrangements and act upon their decision.

This exit is voluntary because the timing of the move occurs prior to an incapacitating illness. It is most likely to occur after residents have lived in the village for a number of years. However, due to the unpredictability of health problems, it may occur earlier. This type of exit occurs most frequently in one-person households or in those two-person households in which both persons are simultaneously experiencing declining health and/or decreasing mobility.

Among singles, there are two crisis-points which precipitate this type of exit--(1) widowhood and/or (2) declining health/decreasing mobility. In the latter circumstances, the widow has remained in Fountainview and has reestablished her life as a single. She does not exit from Fountainview until "warning signals" stimulate the decision making process, culminating in a move. Within the presently existing village environment, the anticipatory exit is less common among married couples because one of the spouses is able to play the role of caregiver.

The destination of relocation is most likely to be a location near children. The second most frequent destination is a life-care/continuing-care facility.

Type four: involuntary exit

This type of exit is involuntary, resulting from an incapacitating illness or accident. It usually begins with a period of hospitalization, followed by placement in a nursing home. An involuntary exit usually occurs after long-term residency in Fountainview, but it may occur earlier due to the unpredictable nature of health problems. Among married couples, it is most likely to be experienced by males, with wives remaining in Fountainview during their husbands' illnesses. Among singles of both sexes, this type of exit occurs.

Involuntary exits would occur less frequently if more residents recognized early warning signs and acted upon them, making an anticipatory exit. However, residents tend to avoid dealing with the issues of illness and aging. The unpleasantness of the topic, the unpredictability of changes in health status, and the strong desire to remain in an independent household for as long as possible discourage the process of decision making. Also, for those residents who have limited financial resources or lack the supportiveness of children, the decision making process is discouraged by a perceived lack of accessibility to, or availability of, alternative living-arrangements.

Type five: inappropriate non-exit

A fifth situation involves extending residency under those circumstances in which an exit is more appropriate, given the level of supportive services which are available. These extended residencies are infrequent, but they often become a major concern to residents and management.

They may be due to (1) serious declines in physical and/or mental functioning and the resultant inability to make a decision, (2) lack of alternatives due to financial problems and/or the lack of immediate family who could intervene, or (3) a fierce struggle to maintain independence at all costs.

Type six: community-crisis exit

In addition to the five exits described above, a sixth type of exit occurred in Fountainview during the crisis over ownership. Some residents felt threatened by the potential negative consequences that might result from a change in ownership. These residents "prematurely" left the village.

Person-Environment Congruity

There is a relationship between the sociocultural system of Fountainview and the reasons for village exit. This relationship can be illustrated by using the concept of person-environment congruity. If the sociocultural system of Fountainview is supportive of its residents, there is person-environment congruity. On the other hand, if the sociocultural system is unresponsive to the needs of its residents, person-environment incongruity results.

In Fountainview the number of village exits by younger retirees is small. If a "premature exit" occurs, it is unlikely to be related to the effects of aging and illness.

The major incongruity occurs in the later years of residency. It is tied to the crises of illness, aging, and death. The lack of, or minimal provision of, appropriate programs/services and facilities for aging residents in Fountainview facilitates the process of "demographic cycling". Aging residents must move out of the village when they are no longer able to live independently in their own homes. They are replaced by younger residents.

#### Conclusions

A broader perspective regarding the nature of services and programs for aging residents in Fountainview can be obtained by examining two conflicting societal perspectives which delineate the "proper" role of society in providing supportive services to needy individuals. Wilensky and Lebeaux (1958, pp. 138-147) have named these two conflicting perspectives (1) the "residual perspective" and (2) the "institutional perspective."

In Fountainview the main sources of support for aging residents have three characteristics. (1) Most support is provided informally by resident-friends and neighbors or through informal resident-organizations/committees.

(2) Support is given on a temporary, short-term basis.

(3) A minimum of resources--time or financial--is required. Examples include informal "mutual-aid," the grassroots

resident-volunteer organization providing transportation, and the Medicare and Health Insurance Committee of AARP.

The characteristics of Fountainview's services/programs for aging residents strongly parallel the "residual perspective." In the "residual perspective" problems are defined as "individual problems," rather than "social problems." Individuals are expected to utilize their personal resources--financial resources and family support--to restore their functioning. If this first line of defense fails, other individuals or organizations may temporarily intervene until self-sufficiency is restored. (Wilensky and Lebeaux, 1958, pp. 138-147)

In contrast to the "residual perspective" is the "institutional perspective." In the "institutional perspective" a problem is not viewed as an "individual problem," but as a "social problem." Supportive services are viewed as a legitimate function of society. When a group of people have been identified as having the same problem, it is believed that society has an obligation to provide support (Wilensky and Lebeaux, 1958, pp. 138-147).

For purposes of analysis, we will differentiate two subtypes of the "institutional perspective." When the village assumes responsibility by incorporating a program/service into its formal organizational structure and by providing financial backing, the "village-level institutional perspective" is operative. When "outside" agencies assume responsibility for service-delivery to

village residents, the "societal-level institutional perspective" is in operation.

In Fountainview the "village-level institutional perspective" operates in the provision of a recreational/leisure-time "club" program and facilities. The formal organizational "club" structure of Fountainview addresses the retirement-tasks of younger, healthier residents. These tasks include the task of becoming involved in new leisure roles and the task of remaining active--physically, mentally, and socially.

These formal "club" programs are financed and organized at the village level. Professional staff, facilities, and an organizational structure are provided by Fountainview. The village is not relying on "outside" societal resources or on the random behavior of individual residents to organize and/or provide such services.

The presence of these "club" facilities and programs results in a high level of person-environment congruity for those residents who are active and healthy. However, for longer-term residents who may be experiencing the adverse effects of aging, illness, and/or death of a spouse, there are few examples of the "village-level institutional perspective."

The main examples are the emergency-button system and the EMT staff who are on twenty-four-hour duty. The presence of these services in Fountainview stems from the original developer's plan and are part of the early

"humanitarian-mission" aspect of Fountainview. These services are an exception to the usual village response to aging residents. Village responses reflecting the "residual perspective" and the "societal-level institutional perspective" are more typical.

During the years of village settlement and stabilization, the needs of aging residents were perceived as "individual problems" which affected only a small number of residents. The majority of services were based on the "residual perspective." Blood pressure screenings and hearing screenings provided by Public Health are the two examples of services based on the "societal-level institutional perspective."

After residents purchased the village, resident-leaders recognized the increasing number of aging residents in the village population and defined the problem as a "social problem." They attempted to develop an "institutional" solution to this problem, adopting both a "village-level institutional perspective" and a "societal-level institutional perspective" in seeking a solution.

The "societal-level institutional perspective" was operative when resident-leaders arranged for the Home Health Care agency to establish a branch office on the periphery of the village. The "village-level institutional perspective" guided the resident-leaders' exploration of the possibility of constructing an adult congregate-living facility within the village. When legal and financial barriers precluded

this solution, resident-leaders switched to the "societal-level institutional perspective." Resident-leaders "invited" a health-care corporation to buy land near the village and construct a life-care/continuing-care facility, with priority of residency to be given to Fountainview residents.

Thus, all three perspectives have been in operation within Fountainview. The "village-level institutional perspective" has been prominent in the development of recreationally-oriented facilities, programs, and services for the younger, healthy, active retired residents. The village's commitment of resources to this group of residents facilitates their person-environment congruity.

For older aging and/or single residents, the "residual perspective" or "societal-level institutional perspective" tends to be in operation. Although all residents pay a monthly fee to the village, the financial assets in the village budget are not used to provide facilities, programs, or services to this group of residents.

Thus, in the absence of programs/services stemming from the "village-level institutional perspective," the congruity between aging/single residents and the environment of Fountainview remains low. The problem is that programs and services stemming from the "residual perspective" cannot meet the changing needs of aging residents. Those programs/services stemming from the "societal-level institutional perspective" are designed to meet long-term



health-care needs of aging residents. Neither perspective addresses the intermediate-support needs of aging residents who are attempting to live independently in their homes.

The specific nature of the intermediate-support needs of aging residents will be clarified in the next three chapters as the focus shifts to a description and analysis of the changes in the daily lives of the residents of Fountainview.

CHAPTER VIII  
COMPARISONS OF THE DAILY ACTIVITIES OF EARLY  
SETTLERS AND NEWCOMERS, MARRIED AND SINGLE

In the previous three chapters, the historical changes in the sociocultural system of Fountainview have been described. In the next three chapters, the focus is on the changes in the daily lives of the residents of Fountainview.

The findings of the quantitative time-allocation study are presented in Chapter VIII. In Chapter IX qualitative data regarding the changing activities and perceptions of residents are described and analyzed. These quantitative and qualitative findings culminate in the construction of a life-course trajectory of village residents in Chapter X.

Background of the Time-Allocation Study

In the time-allocation study there are four random samples of village residents--(1) married early settlers, (2) single early settlers, (3) married newcomers, and (4) single newcomers. Changes in the daily activities of residents over time are simulated by comparing (1) newcomers versus early settlers and (2) married residents versus single residents. These comparisons will facilitate the construction of a "before-after" portrait of the changes in the time allocated to various activities in various locations by the residents of Fountainview.

Twenty-four-hour diaries are completed by the respondents in the four random samples. Each respondent is assigned a randomly selected day of the week to report their activities. This combination of randomly selected residents and randomly selected days of the week is referred to as the "personday." The subdivisions of the "personday" are "personhours"--the quantitative unit of measure in this study.

The amount of time (i.e., personhours) allocated to various activities is recorded according to (1) the location of the activity and (2) the type of activity. The definitions of the specific coding categories are presented in Appendix A.

#### Hypotheses of the Study

Five research hypotheses are formulated. They are based on the assumption that, as length of village-residence increases, there is an increased likelihood that residents of Fountainview will experience the negative effects of the normal processes of aging, illness, the death of a spouse, and/or widowhood. Therefore the amount of time allocated to various activities and the amount of time spent in various locations will change.

The first four hypotheses are related to the location of activities and are based on the idea that territorial range decreases as one ages. The fifth research hypotheses is related to one "type of activity"--"obtaining medical

care for self/spouse." These five research hypotheses are stated below.

- (1) Early settlers spend more time at home than newcomers.
- (2) Early settlers spend more time within non-club locations within the village, e.g., with resident-neighbors and friends.
- (3) Newcomers spend more time in club-related locations within the village.
- (4) Newcomers spend more time in locations "outside" the village.
- (5) Early settlers spend more time obtaining medical care for self/spouse than newcomers.

The research hypotheses are designed to tap "cohort effects"--the time-allocation differences between early settlers and newcomers. The null hypotheses of these five research hypotheses are tested by comparing (1) married newcomers versus married early settlers and (2) single newcomers versus single early settlers.

We are also interested in "marital-status effects"--the time-allocation differences between married and single residents. Since this is an unknown area, no research hypotheses which specify the direction of change could be constructed. Thus, in comparing married and single residents, the research hypothesis for all coded items under "location of activity" is that "there is a difference between mean personhours." The null hypotheses of these

items are tested by comparing (1) married early settlers versus single early settlers and (2) married newcomers versus single newcomers.

There is another unknown area for which it is not possible to formulate hypotheses specifying the direction of change. This area concerns all the coded items under "type of activity," except "obtaining medical care for self/spouse." Thus, the research hypothesis for all of these items is that "there is a difference between mean personhours." The null hypothesis for each of these items is tested.

Comparisons of all these items under "type of activity" are conducted for (1) married newcomers versus married early settlers, (2) single newcomers versus single early settlers, (3) married newcomers versus single newcomers, and (4) married early settlers versus single early settlers.

#### Statistical Analysis

For each of the four samples, the mean "personhours" and standard deviation for all coded items are calculated. Further statistical analysis involves a series of hypothesis tests. In each hypothesis test the population means of two of the random samples are compared. A difference between two population means is considered statistically significant at  $\alpha=.05$ .

One-tail tests are conducted in those instances in which the direction of change is specified in the research

hypothesis. Two-tail tests are carried out for those items in which the direction of change is not specified.

Two formulas to test the differences between two population means are used. When the size of both samples is equal to, or greater than, twenty, the formula appropriate for large-sample tests is used. When the size of one or both samples is less than twenty, an alternative formula for small samples has been utilized (Agresti and Finlay, 1986, pp. 173-175).

(In the following presentation of findings tables are located at the end of the chapter for ease of reference. Tables containing information peripheral to the discussion in this chapter are located in Appendix C.)

#### A Comparison of the Two Married Cohorts

##### Composition of Samples

The married-newcomer sample (n=36) yielded a response rate of 78 percent (n=28). These eight missing cases include three respondents who had returned to their northern or midwestern homes, three respondents who did not return their diaries, one respondent who refused to participate in the study, and one exclusion due to an error in the sampling frame.

The twenty-eight respondents in this sample have an average age of 67.9 (median=68 and mode=68). This sample is 57 percent female (n=16) and 43 percent male (n=12). The average age of males is 69.7 (median=68 and mode=68). The average age of females is 66.5 (median=66.9 and mode=60).

Table 8-1 presents a more detailed age breakdown for males and females in the married-newcomer sample.

The random days represented by the twenty-eight diaries are as follows: four Sundays, seven Mondays, three Tuesdays, six Wednesdays, three Thursdays, two Fridays, and three Saturdays.

In contrast, the married-early-settler sample (n=40) yielded a response rate of 75 percent (n=30). Four of the remaining ten cases did not return their diaries, and one respondent refused to participate in the study. Two of the respondents who did not return their diaries were suffering from noticeable medical problems. The one respondent who refused to participate in the study was involved in transporting his wife for outpatient treatment at a hospital over forty miles away.

The remaining five excluded cases include two respondents who died, one respondent who was in a nursing home, and one respondent who had moved from Fountainview. One diary was removed from analysis due to an error in the sampling frame.

The thirty respondents in this sample have an average age of 75.2 (median=75 and mode=75). This sample is 43 percent female (n=13) and 57 percent male (n=17). The average age of males is 75.9 (median=76 and mode=77). The average age of females is 74.3 (median=75 and mode=75). Table 8-2 presents a more detailed age breakdown for males and females in the married-early-settler sample.

The random days represented by the thirty diaries are as follows: three Sundays, four Mondays, five Tuesdays, five Wednesdays, five Thursdays, four Fridays, and four Saturdays.

#### Location of Activities

##### Descriptive data

Table 8-3 presents a comparison of the mean personhours spent in various locations by the two samples of married residents. Newcomers spent 18.3 mean personhours at home, while early settlers spent 20 mean personhours in this location. Newcomers allocated 1.9 mean personhours to activities within the village, whereas early settlers spent 1.2 mean personhours in this location.

Newcomers were outside the village for 3.7 mean personhours with the largest amount of this time being spent outside the state. Early settlers were outside the village for 2.7 mean personhours. They allocated the largest amount of this time outside the village to locations in the nearby community.

##### One-tail tests of hypotheses

The four location-of-activity items for which an inverse relationship between territorial range and length of residence in Fountainview is hypothesized were subjected to one-tail hypothesis tests, using the large-sample formula for "differences between two population means." Table 8-4 presents the results of these tests.



None of the comparisons was statistically significant ( $\alpha=.05$ ). Thus, the data indicate that the two married cohorts spend similar amounts of time at home, in both club-locations and non-club-locations within the village (outside the home), and outside the village.

### Types of Activities

#### Descriptive data

Tables 8-5, 8-6, and 8-7 summarize the mean personhours spent in specific types of activities at home, within the village (outside the home), and outside the village respectively. The items are rank-ordered, with the first item being the activity in which the most time was spent by newcomers. The rank-order of items for early settlers is also presented.

#### One-tail hypothesis test

Regarding the item--"obtaining medical care for self/spouse"--there is a statistically significant difference between the two married cohorts. Table 8-4 presents this information. This finding lends credence to the hypothesis that early settlers spend more time obtaining medical care for self/spouse than newcomers.

#### Two-tail tests of hypotheses

The mean personhours spent in each type of activity by married newcomers and married early settlers were compared, using the large-sample formula and two-tail tests. The statistical data stemming from these tests are located in Tables C-1, C-2, and C-3 in Appendix C.

The data indicate that only one comparison was statistically significant. Married early settlers spent significantly more time "providing other services to residents (excluding help to sick residents)" than married newcomers. The meaning of this finding is unclear and does not appear to have any practical significance.

#### Patterns in the Time-Allocation Data

The most consistent finding in this quantitative comparison of the two married cohorts is that both cohorts allocate their time in very similar ways. The similarities between the two cohorts far outweigh the differences. Both cohorts spent a large amount of time at home--an average of 18-20 hours per day during the week. Of the remaining 4-6 hours, more time was spent outside the village than within the village.

Within the home those activities which consume an hour or more of time are very similar for both cohorts and their rank-order is identical. During waking hours at home, television-watching is the activity which consumes the largest amount of time--at least three hours per day. This activity is usually done in conjunction with some other activity, such as eating, reading, or working on crafts and hobbies (e.g., knitting and crocheting).

Approximately 2.5 hours are spent preparing meals, eating, and cleaning up after the meal. Approximately 1.5 hours are spent reading. Reading material includes newspapers, magazines, and books. Other housework

(excluding eating-related tasks) consumes approximately one hour.

The remaining hours are spent on a variety of tasks, such as personal care, reading and responding to correspondence, doing yardwork, talking on the phone, conversing with one's spouse, and visiting with residents or relatives.

For both married cohorts, small amounts of time are spent in activities within the village (outside the home)--1.2 to 1.9 personhours. This time is split almost equally between non-club and club-related locations.

The two main non-club-related activities in the village are (1) walking or biking in the early morning or after the evening meal and (2) visiting with other residents. Such visiting occurs most often during a walk/bike ride or in the yards of next-door neighbors.

The newcomer cohort was more likely to report activities having aerobic benefits (e.g., swimming, tennis, biking, dancing, and playing tennis) than early settlers. However, early settlers continue to swim, bike, and/or walk in the village if their health permits such activities.

The amount of time allocated to club-related activities is only 36-66 minutes per day (or 4 hours, 12 minutes to 7 hours, 42 minutes per week). If we estimate that each club-related activity consumes an average of two hours, then the two married cohorts are engaging in an average of approximately two to four activities per week.

Regularly scheduled activities for which residents must set aside a specific block of time each week are less popular than activities which are scheduled less frequently. The majority of residents prefer an unstructured schedule. Thus, they prefer to use club facilities, such as the swimming pool or marina, and attend special events and/or monthly meetings. The visible, public image of retirement-village residents spending large amounts of their time in club-related locations/activities is challenged by these findings.

The importance of maintaining an "active" image was reflected in some of the residents' responses to filling out the diary for this study. When they were informed of the random day for which their diary should be completed, some residents expressed disappointment. They commented that another day would be "better" because it was a day in which club-related activities or other non-routine events were scheduled. They stated that a report of activities for the selected random day would be "boring" or "uninteresting." A few couldn't imagine why anyone would want to know about such a day. Two residents were adamant about filling out the diary on a "better" day and unsuccessfully tried to convince the researcher to allow them to do so. Those two persons did not return their diaries.

In examining activities outside of the village, it has been noted that married early settlers spent significantly more time than married newcomers obtaining medical care for

themselves or their spouse. The raw data of the diaries reveal that this activity was reported by males. The raw data also indicate that early settler males were transporting and accompanying their wives to the doctor as much as they were visiting the doctor's office for themselves.

Whereas married early settlers spent the largest amount of their "outside" time obtaining medical care, married newcomers spent the largest amount of their "outside" time visiting. These newcomers also spent time "sightseeing," whereas early settlers spent no time in this activity. Also, newcomers spent some of their time out-of-state. In contrast, all of the early settlers' "outside" activities occurred within the state, mainly in the nearby community.

With the exception of obtaining medical care, these differences were not statistically significant. However, qualitative data (to be presented in the next chapter) suggest that these findings accurately reflect differences between the two cohorts. If a larger sample had been studied and if data had been collected over a twelve-month period, statistically significant differences might have been discovered.

For the remaining "outside" activities, the two cohorts engage in the same types of activities. A large amount of time is spent shopping and eating in restaurants in the nearby community. Very little time is spent in volunteer work in the nearby community. Qualitative data lend

credence to this finding. A small minority of village residents are involved in volunteer work in the nearby community.

Finally, it should be noted that, in all locations combined, very little time is spent being of assistance to other residents. This is an important finding because the focus of this study includes an assessment of the needs of residents in light of the informal and formal supportive services available to them. Although it cannot be denied that residents provide assistance with transportation and help in case of emergencies, these services are temporary and short-term. A very small amount of the personhours of both married cohorts is devoted to this activity.

#### A Comparison of the Two Single Cohorts

##### Composition of Samples

The single-newcomer sample (n=25) yielded as response rate of 76 percent (n=19). Two diaries were removed from analysis due to an error in the sampling frame. Four respondents did not return their diaries.

The nineteen respondents in this sample have an average age of 74.7 years (median=77 and mode=79). This sample is 95 percent female (n=18) and 5 percent male (n=1). The average age of females is 75.2 years (median=77.5 and mode=79). The age of the one male is 66. Table 8-8 presents a more detailed age-group breakdown for this sample.

The random days represented by the nineteen diaries are as follows: one Sunday, two Mondays, three Tuesdays, four Wednesdays, two Thursdays, four Fridays, and three Saturdays.

In contrast, the single-early-settler sample (n=25) yielded a response rate of 76 percent (n=19). Two respondents refused to participate in the study, and two respondents did not return their diaries. One diary was removed from analysis due to an error in the sampling frame. One respondent died on the random day when he would have reported his activities in the twenty-four-hour diary.

The nineteen respondents in this sample have an average age of 75.1 years (median=76 and mode=76). The sample is 84 percent female (n=16) and 16 percent male (n=3). The average age of females is 75 years (median=76.5 and mode=76). The average age of males is 75.7 years (median=75 and mode=75). Table 8-9 presents the age-groupings of males and females in the single-early-settler sample.

The random days represented by the nineteen diaries are as follows: three Sundays, one Monday, four Tuesdays, two Wednesdays, two Thursdays, five Fridays, and two Saturdays.

#### Location of Activities

#### Descriptive data

Table 8-10 presents a comparison of the mean personhours spent in various locations by the single-newcomer sample and by the single-early-settler sample.

### One-tail tests of hypotheses

The four location-of-activity items for which an inverse relationship between territorial range and length of residence in Fountainview is hypothesized were subjected to one-tail hypothesis tests, using the small-sample formula for "differences between two population means." Table 8-11 presents the results of these tests.

No statistically significant differences were found regarding the amounts of time spent (1) at home, (2) in club-related locations within the village, and (3) outside the village. However, in non-club-related locations within the village (outside the home) a statistically significant difference ( $\alpha=.05$ ) was found. Single early settlers spent 1.4 mean personhours in non-club-related locations as compared to 0.4 mean personhours for single newcomers.

This finding suggests that single early settlers are part of an informal social network within the village--a network which has been developed during their many years in residence. In contrast, single newcomers are in the initial processes of establishing such a network. They must rely on their contacts at the clubhouse and within the neighborhood to begin the process of establishing friendships and finding residents with common interests.

### Types of Activities

#### Descriptive data

Tables 8-12, 8-13, and 8-14 summarize the mean personhours that the two single cohorts spend in different



types of activities at home, within the village, and outside the village respectively.

#### One-tail hypothesis test

The activity--"obtaining medical care for self/spouse"--occupied very little, if any, time of either the single-newcomer or the single-early-settler cohort. There was no statistically significant difference.

#### Two-tail tests of hypotheses

The mean personhours spent in each type of activity by single newcomers and single early settlers were compared, using two-tail tests. The statistical data stemming from these tests are located in Tables C-4, C-5, and C-6 in Appendix C. The data indicate that only two comparisons were statistically significant. Single early settlers spent significantly more time reading than single newcomers. Single newcomers spent significantly more time talking on the phone than single early settlers.

#### Patterns of Activity Data

For the two single cohorts the similarities in time allocation far outweigh the differences. This finding is not surprising, considering the similarities of the two samples in age composition and sex composition.

#### Differences Due to Changes in Marital Status

Differences due to changes in marital-status were analyzed by comparing (1) single early settlers and married early settlers and (2) single newcomers and married newcomers. Two-tail tests were computed, using the

small-sample formula for the comparison of the differences between two population means.

These findings are located in Appendix C. Data on the comparisons between single early settlers and married early settlers are found in Tables C-7, C-8, C-9, and C-10. Data on the comparisons of single newcomers and married newcomers are found in Tables C-11, C-12, C-13, and C-14.

Two statistically significant differences were found in the comparisons between married and single early settlers. First, married early settlers spent more time doing yardwork than single early settlers. In exploring the meaning of this finding, it was discovered that the differences were due to sex differences, rather than to marital-status differences. Within the married-early-settler sample, yardwork is done primarily by males. Since the vast majority of respondents in the single-early-settler sample are females, little time is spent on yardwork. Interviews with single early settlers support this finding. Most single early settlers hire someone to do all, or most, of their yardwork.

The second finding is that single early settlers spend significantly more time "playing cards in other residents' homes" than married early settlers. This suggests that there are social networks of single early settlers which have developed in response to a common interest in card-playing.

In comparing single newcomers and married newcomers, no statistically significant differences were discovered.

These statistical comparisons suggest that the similarities between single and married residents in the same cohort far outweigh the differences. Thus, the portraits of the daily activities which were previously constructed for the two married cohorts apply generally to the single residents of the same cohort.

#### Similarities in Daily Activities: An Interpretation

The overwhelming number of similarities between newcomers and early settlers, both married and single, suggests that there are similar factors influencing their behavior. First, the physical and sociocultural environment fashioned by the original developer of Fountainview has attracted, and continues to attract, retirees with certain demographic characteristics--younger, married retirees who come from a middle-class, white-collar professional background. Thus, residents are likely to engage in similar kinds of behavior.

The sociocultural environment of Fountainview also influences the timing of exit from the village. Fountainview is not designed to facilitate a continuation of residency when independent living can no longer be maintained or can be maintained only with a coordinated, comprehensive array of supportive services. Since the presently existing supportive services in the village do not

address the changing needs of aging residents, residents must move elsewhere.

This results in "demographic cycling"--the in-migration of newcomers capable of independent living and the out-migration of early settlers in need of increasing amounts of supportive services. Such cycling results in a population in which residents have similar needs and exhibit similar behaviors.

#### Limitations and Advantages of the Time-Allocation Study

The small number of statistically significant differences found in the time-allocation study may be partially due to the limitations of the study itself. First, sample size is small. Thus, any extremes in the time-allocation data for a particular activity exerts a greater influence upon the mean than might have been the case if there had been a larger sample of persondays.

Second, the information requested from residents is general, i.e., a record of their primary activity for each hour of a twenty-four-hour day. Although the majority of residents have provided more detailed information, the detail within these reports varies. It is likely that certain kinds of activities are under-reported while other kinds of activities are over-reported.

Activities of short-duration are probably under-reported. For example, residents may briefly visit with one another when they are in the yard or walking down the street. Or they may stop at someone's home for a few

minutes. Such brief interactions would not have been reported in the less-detailed diaries. Other activities of short duration include personal care, phone calls, correspondence, and being of assistance to other residents.

In contrast, activities of longer-duration and of higher frequency are probably over-reported. These activities include eating and eating-related activities, television watching, and shopping for consumer goods.

Third, the diary-instrument is not sensitive enough to measure caregiver activities within the home. Unless residents or their spouses are extremely ill, the diaries do not reflect the fact that residents are spending time at home because of decreased mobility and/or declining health. This additional information has been collected through observations and interviews (to be discussed in the next chapter).

In recognizing the limitations of the time-allocation study, the advantages of this study should not be overlooked. Although a large amount of qualitative information about the daily activities of residents had been collected prior to the time-allocation study, data from the time-allocation study added new dimensions to the researcher's perspective on Fountainview.

The time-allocation study was especially helpful in increasing the amount of information on newcomers. Much of the previously collected qualitative information had been supplied by residents in the early-settler cohort.

Also, the large amount of time which residents spent at home had not been recognized. Prior to the time-allocation study, it had become clear to the researcher that the majority of the residents did not "hang out" at the clubhouse. However, the researcher was still under the impression that residents were more "active" than they really were.

The time-allocation study is only one data-gathering instrument used in this case study. The data from the time-allocation study provide a general portrait of the activities of residents. By examining qualitative information, a more-detailed portrait of early settlers and newcomers, both married and single, can be constructed. This portrait is presented in the next chapter.

Table 8-1. Sex and Age Composition of Married-Newcomer Sample

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<u>Age Group</u>	<u>Males (n=12)</u>	<u>Females (n=16)</u>
Age 50-54	0	1
Age 55-64	0	6
Age 65-69	8	4
Age 70-74	2	2
Age 75-79	2	3

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Table 8-2. Sex and Age Composition of Married-Early-Settler Sample

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<u>Age Group</u>	<u>Males (n=17)</u>	<u>Females (n=13)</u>
Age 65-69	0	3
Age 70-74	7	2
Age 75-79	7	7
Age 80-84	3	1

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Table 8-3. Location of Activities--Cohort Comparison of Married Newcomers and Married Early Settlers

<u>Location of Activity</u>	<u>Married Newcomers</u> <u>(n=28)</u>	<u>Married Early Settlers</u> <u>(n=30)</u>
	<u>Mean Personhours</u> <u>(Standard Deviation)</u>	<u>Mean Personhours</u> <u>(Standard Deviation)</u>
Home	18.3 (5.75)	20.0 (3.14)
(a) Sleep	7.1 (2.29)	7.8 (1.17)
(b) Waking Hours	11.2 (4.24)	12.2 (2.93)
Within the Village (Outside the Home)	1.9 (2.36)	1.2 (1.66)
(a) Non-Club-Related	0.8 (1.12)	0.6 (1.40)
(b) Club-Related	1.1 (1.85)	0.6 (0.98)
Outside the Village	3.7 (6.09)	2.7 (3.17)
(a) In Nearby Community	1.0 (1.29)	1.7 (1.88)
(b) In County	0.7 (1.41)	0.2 (0.92)
(c) In State	0.3 (1.34)	0.8 (2.73)
(d) Out of State	1.7 (6.29)	0.0 (0.00)



Table 8-4. One-Tail Tests--Cohort Comparison of Married Newcomers and Married Early Settlers

<u>Coding Category</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
<u>Home</u>	1.38	No
<u>Within the Village (Outside the Home)</u>		
Non-Club-Related	.27	No
Club-Related	1.44	No
<u>Outside the Village</u>	.83	No
<u>Obtaining Medical Care for Self/Spouse</u>	2.10	Yes

- (a) Obtained by using the large-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these one-tail tests if it is equal to, or exceeds, 1.645

Table 8-5. Types of Activities at Home--Cohort Comparison of Married Newcomers and Married Early Settlers

<u>Type of Activity</u>	<u>Married Newcomers</u> <u>(n=28)</u>			<u>Married Early Settlers</u> <u>(n=30)</u>		
	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>		<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>	
Sleep	7.1 (2.29)	1		7.9 (1.17)	1	
Television Watching (c)	3.3 (1.89)	2		3.0 (2.00)	2	
Eating and Eating-Related Activities	2.5 (1.35)	3		2.3 (1.02)	3	
Reading	1.3 (1.23)	4		1.7 (1.45)	4	
Other Housework (Excluding Eating-Related Activities)	1.2 (1.50)	5		0.8 (1.11)	6	
Visiting with Nonresidents	0.7 (2.84)	6		0.1 (0.41)	12	
Personal Care	0.7 (0.57)	7		0.7 (0.57)	8	
Nap/Rest/Relax	0.6 (0.64)	8		0.6 (0.67)	9	
Yardwork	0.6 (1.00)	9		0.9 (1.33)	5	
Craft/Hobby/Time Filler	0.3 (0.72)	10		0.8 (1.37)	7	
Correspondence	0.2 (0.48)	11		0.1 (0.23)	13	
Talking on Phone	0.2 (0.35)	12		0.2 (0.41)	10	
Visiting with Residents	0.2 (0.37)	13		0.2 (0.61)	11	
Card Playing with Others	0.2 (0.85)	14		less than 0.01 (0.18)	14	
Being of Assistance to Other Residents	0.0 (0.00)	15		less than 0.01 (0.09)	15	

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

(c) Recorded personhours include television watching combined with another activity. In this case personhours were recorded in both coding categories.

Table 8-6. Types of Activities Within the Village--Cohort Comparison of Married Newcomers and Married Early Settlers

<u>Type of Activity</u>	<u>Married Newcomers</u> <u>(n=28)</u>			<u>Married Early Settlers (n=30)</u>		
	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>		<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>	
Use of Other Club Village Facilities (c)	0.76 (1.41)	1		0.31 (0.70)	1	
Visiting Unrelated Residents	0.38 (0.88)	2		0.15 (0.41)	4	
Walking/Biking	0.30 (0.45)	3		0.18 (0.35)	3	
Attending Less-Than-Weekly-Scheduled Clubhouse Activities	0.26 (0.71)	4		0.25 (0.80)	2	
Attending Weekly-Scheduled Clubhouse Activities	0.18 (0.55)	5		0.06 (0.32)	5	
Visiting Related Residents	0.04 (0.15)	6		0.03 (0.18)	7	
Playing Cards in Other Residents' Homes	0.00 (0.00)	0		0.00 (0.00)	0	
Providing Help to Sick Residents	0.00 (0.00)	0		0.02 (0.07)	8	
Providing Other Service to Residents	0.00 (0.00)	0		0.04 (0.12)	6	
Other	0.02 (0.09)	--		0.20 (1.19)	--	

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

(c) Use of facilities includes both club-related and non-club-related locations.

Table 8-7. Types of Activities Outside the Village--  
Cohort Comparison of Married Newcomers  
and Married Early Settlers

<u>Type of Activity</u>	<u>Married Newcomers (n=28)</u>			<u>Married Early Settlers (n=30)</u>		
	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>		<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>	
Visiting	0.93 (3.08)	1		0.26 (1.10)	4	
Shopping for Consumer Goods	0.76 (1.13)	2		0.39 (0.68)	2	
Eating at a Restaurant	0.53 (1.21)	3		0.32 (0.70)	3	
Sightseeing	0.49 (1.38)	4		0.00 (0.00)	0	
Attending Religious Service	0.30 (0.76)	5		0.10 (0.40)	6	
Purchasing Service (Excluding Medical Care)	0.20 (0.71)	6		0.21 (0.70)	5	
Attending Memorial Service	0.04 (0.19)	7		0.06 (0.22)	7	
Helping Residents	0.03 (0.14)	8		0.10 (0.31)	6	
Obtaining Medical Care for Self/Spouse	0.00 (0.00)	0		0.45 (1.18)	1	
Community Volunteer Work	0.00 (0.00)	0		0.10 (0.55)	6	
Club-Related Activity	0.00 (0.00)	0		0.10 (0.55)	6	
Other	0.42 ----	-		0.59 -----	-	

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

Table 8-8. Sex and Age Composition of Single-Newcomer Sample

<u>Age Group</u>	<u>Males (n=1)</u>	<u>Females (n=18)</u>
Age 60-64	0	1
Age 65-69	1	1
Age 70-74	0	6
Age 75-79	0	8
Age 80-84	0	1
Age 85-89	0	1

Table 8-9. Sex and Age Composition of Single-Early-Settler Sample

<u>Age Group</u>	<u>Males (n=3)</u>	<u>Females (n=16)</u>
Age 65-69	0	3
Age 70-74	0	3
Age 75-79	3	8
Age 80-84	0	2

Table 8-10. Location of Activities--Cohort Comparison of Single Newcomers and Single Early Settlers

<u>Type of Activity</u>	<u>Single Newcomers</u> <u>(n=19)</u>	<u>Single Early Settlers</u> <u>(n=19)</u>
	<u>Mean Personhours</u> <u>(Standard Deviation)</u>	<u>Mean Personhours</u> <u>(Standard Deviation)</u>
Home	19.0 (4.33)	20.0 (2.66)
(a) Sleep	7.1 (1.17)	7.7 (1.71)
(b) Waking Hours	11.9 (4.41)	12.3 (2.83)
Within the Village (Outside the Home)	1.3 (1.63)	2.1 (2.05)
(a) Non-Club-Related	0.4 (0.69)	1.4 (1.71)
(b) Club-Related	0.9 (1.28)	0.7 (1.22)
Outside the Village	3.4 (4.25)	1.9 (1.86)
(a) In Nearby Community	1.7 (1.72)	1.1 (1.41)
(b) In County	0.2 (0.92)	0.4 (0.96)
(c) In State	1.5 (4.54)	0.2 (0.84)
(d) Out of State	0.0 (0.00)	0.0 (0.00)
(e) Unreported	--- ----	0.2 ----
Unreported	0.3 ----	-----

Table 8-11. One-Tail Tests--Cohort Comparison of Single Newcomers and Single Early Settlers

<u>Coding Category</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
<u>Home</u>	.88	No
<u>Within the Village (Outside the Home)</u>		
Non-Club-Related	2.20	Yes
Club-Related	.47	No
<u>Outside the Village</u>	1.38	No
<u>Obtaining Medical Care for Self/Spouse</u>	1.51	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these one-tail tests if it is equal to, or exceeds, 1.645

Table 8-12. Types of Activities at Home--Cohort Comparison of Single Newcomers and Single Early Settlers

<u>Type of Activity</u>	<u>Single Newcomers</u> <u>(n=19)</u>			<u>Single Early Settlers</u> <u>(n=19)</u>		
	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>		<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>	
Sleep	7.1 (1.17)	1		7.7 (1.71)	1	
Television Watching (c)	3.5 (2.08)	2		3.5 (2.54)	2	
Eating and Eating-Related Activities	2.4 (1.44)	3		2.2 (1.15)	4	
Reading	1.1 (1.22)	5		2.4 (2.14)	3	
Other Housework (Excluding Eating-Related Activities)	1.2 (1.56)	4		0.8 (0.83)	6	
Visiting with Nonresidents	0.1 (0.16)	14	less than 0.01 (0.11)	14		
Personal Care	0.8 (0.77)	6		1.0 (0.79)	5	
Nap/Rest/Relax	0.4 (0.76)	10		0.6 (0.58)	8	
Yardwork	0.3 (0.46)	11		0.2 (0.41)	10	
Craft/Hobby/Time Filler	0.7 (1.10)	7		0.7 (1.47)	7	
Correspondence	0.3 (0.75)	12		0.3 (0.51)	9	
Talking on Phone	0.5 (0.83)	9		0.1 (0.24)	12	
Visiting with Residents	0.6 (1.59)	8		0.2 (0.41)	11	
Card Playing with Others	0.1 (0.57)	13		0.0 (0.00)	15	
Being of Assistance to Other Residents	less than 0.01 (0.11)	15		0.1 (0.23)	13	

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

(c) Recorded personhours include television watching combined with another activity. In this case personhours were recorded in both coding categories.



Table 8-13. Types of Activities Within the Village--Cohort Comparison of Single Newcomers and Single Early Settlers

<u>Type of Activity</u>	<u>Single Newcomers (n=19)</u>			<u>Single Early Settlers (n=19)</u>		
	<u>MPHs (a)</u>	<u>Rank</u>		<u>MPHs (a)</u>	<u>Rank</u>	
	<u>(SD) (b)</u>	<u>Order</u>		<u>(SD) (b)</u>	<u>Order</u>	
Use of Other Club Village Facilities (c)	0.38 (0.98)	2		0.05 (0.23)	7	
Visiting Unrelated Residents	0.18 (0.45)	3		0.22 (0.54)	4	
Walking/Biking	0.18 (0.39)	3		0.19 (0.26)	5	
Attending Less-Than-Weekly-Scheduled Clubhouse Activities	0.40 (0.99)	1		0.29 (0.79)	3	
Attending Weekly-Scheduled Clubhouse Activities	0.09 (0.40)	4		0.32 (1.00)	2	
Visiting Related Residents	0.03 (0.11)	6		0.11 (0.46)	6	
Playing Cards in Other Residents' Homes	0.00 (0.00)	0		0.50 (1.26)	1	
Providing Help to Sick Residents	0.05 (0.23)	5		0.05 (0.23)	7	
Providing Other Service to Residents	0.00 (0.00)	0		0.03 (0.11)	8	
Other	0.00 (0.00)	--		0.29 (0.83)	--	

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

(c) Use of facilities includes both club-related and non-club-related locations

Table 8-14. Types of Activities Outside the Village--Cohort Comparison of Single Newcomers and Single Early Settlers

<u>Type of Activity</u>	<u>Single Newcomers</u> (n=19)		<u>Single Early Settlers</u> (n=19)	
	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>	<u>MPHs (a)</u> <u>(SD) (b)</u>	<u>Rank</u> <u>Order</u>
Visiting	0.21 (0.80)	5	0.00 (0.00)	0
Shopping for Consumer Goods	0.75 (1.10)	1	0.58 (0.87)	1
Eating at a Restaurant	0.29 (0.87)	4	0.53 (0.88)	2
Sightseeing	0.46 (1.83)	2	0.00 (0.00)	0
Attending Religious Service	0.11 (0.46)	7	0.09 (0.40)	5
Purchasing Service (Excluding Medical Care)	0.35 (0.88)	3	0.26 (0.73)	3
Attending Memorial Service	0.06 (0.23)	8	0.00 (0.00)	0
Helping Residents	0.15 (0.61)	6	0.16 (0.69)	4
Obtaining Medical Care for Self/Spouse	0.00 (0.00)	0	0.06 (0.19)	6
Community Volunteer Work	0.00 (0.00)	0	0.00 (0.00)	0
Club-Related Activity	0.15 (0.76)	6	0.00 (0.00)	0
Other	0.82 ----	-	0.25 -----	-

(a) MPHs means Mean Personhours.

(b) SD means Standard Deviation.

CHAPTER IX  
QUALITATIVE COMPARISONS OF THE TWO COHORTS

The quantitative comparison of the activities of early settlers and newcomers, presented in Chapter VIII, does not include a description of the personal contexts in which these activities take place. Also, the two cohorts may attribute different meanings to the same activity and perceive their daily activities in different ways. This chapter addresses these topics by utilizing qualitative data to compare the two cohorts of residents, both married and single.

First, we present a qualitative cohort-comparison which is generally applicable to both married couples and singles. Both the similarities of, and differences between, the behaviors and perceptions of the two cohorts are examined. This comparative analysis focuses on (1) the meanings which are attached to specific behaviors, (2) the historical experiences of the two cohorts and the effect of these experiences upon each cohort's perceptions of Fountainview, and (3) the responses of each cohort to the aging of residents.

Second, a comparison of early-settler singles and newcomer singles is presented. Major emphasis is given to the tasks which confront widows. Also, a detailed

description of the composition of singles' social networks and the social contexts in which different groupings of residents interact is included.

These qualitative data have been collected through (1) participant observation and (2) formal and informal interviews with the members of the two cohorts, both married and single. Since the qualitative data include data gathered from all of the randomly-selected respondents in the time-allocation study, it is believed that representative portraits of the two cohorts, both married and single, have been achieved.

#### A General Comparison of Cohorts Similarities in Cohort Behavior

The quantitative similarities in cohort behavior, found in the time-allocation study, can be explained in four ways.

(1) Fountainview residents are a homogeneous group--white-collar, middle class, suburban/urban Americans. They subscribe to the middle-class norms described in Chapter VI.

(2) Fountainview's residents are retirees. They have been attracted to and have chosen a physical and sociocultural environment--the retirement village of Fountainview--in which the norms are compatible with their retirement status and expectations.

(3) The percentages of residents who choose to play the roles of (a) retiree, (b) active club-participant, and (c) club leader are evenly distributed among each cohort.

(4) The process of "demographic cycling" assures that  
(a) a large portion of the population continues to be healthy enough to maintain an independent household and that  
(b) there is a continual replacement of older, less healthy residents. This maintains the average age of the residents within the 65-to-75-year-old range.

Cohort-Differences Regarding the Meaning of Behavior  
Time at Home

Although both cohorts spend similar amounts of time at home, the quality of that time is different. In the time-allocation-study sample of married newcomers 39 percent are "snowbirds." They spend approximately six months in the village and view their residence in Fountainview as a "vacation home."

Most of the remaining newcomers who have made Fountainview their permanent home are in the early years of retirement. They are "on vacation" in their new home, resting and relaxing in an environment in which there is no demand for schedules and routines. They are "learning to be retired." As one resident put it, "I came here for peace and quiet."

Compared to early settlers, newcomers are more likely to have the option of spending time at home or exploring their environment outside the home. Their time at home is voluntary. In contrast, those early settlers who are experiencing decreasing mobility/declining health involuntarily spend more time at home.

This difference does not imply that the newcomers' experience is totally positive, whereas the early settlers' experience is negative. Newcomers, for example, are in the process of "learning to be retired." This adjustment to retirement is more difficult for some retirees than others. For those retirees who found employment to be a meaningful part of their lives, too much leisure-time may be problematic unless the shift to new roles and activities is made.

For females whose central focus is on home and family, the separation from children and grandchildren is sometimes a difficult adjustment. Residents report that the main reason for persons leaving Fountainview after a short term of residency is due to the wife's unhappiness over this separation.

Conversely, the healthier subgroup of early settlers are not involuntarily at home. They continue to be active and involved in social activities. Also, there are a few newcomers who spend more time at home due to health problems.

#### Time in Club-Related Locations Within the Village

The time-allocation study indicated that there are no quantitative differences between cohorts regarding the amount of time spent in club-related locations within the village. However, the specific activities engaged in, their location, and the reasons for club involvement differ.

The marina and the tennis courts are two locations where newcomers predominate. The shuffleboard courts are shared by all cohorts, but the number of newcomers is rapidly increasing. This increase was noted by a male early settler who commented, "I hardly know anyone at the shuffleboard courts anymore."

Newcomers are in the process of meeting people and developing a social network. They use the "club" as a means to this end. They are in the early stages of taking over leadership responsibilities and introducing new clubhouse activities, such as the nature club.

Early settlers have an established social network. They may or may not use the clubhouse to maintain their social contacts and nurture their interests. Their social groups can be maintained outside of the "club."

Early settlers who are experiencing health problems are especially likely to decrease the amount of time spent in club activities. Aging males and their caregiver-wives are the subgroup most affected. The demands of the caregiving task and serious medical problems have sometimes necessitated a complete cessation of club activities.

Early settlers and members of the middle cohort predominate in positions of leadership. Some early settlers are ready for newcomers to take over leadership positions and perceive the newcomers as "not doing enough."

Other early settlers have experienced their leadership roles as an important and meaningful part of their lives and

are less anxious to turn over their roles to others. In some cases, when these early settlers relinquish their roles, they have a difficult time "letting go." For example, one newcomer complained that, even when new residents have taken over leadership positions, the former leaders have been "at their elbow."

#### Time in Non-Club-Related Locations Within the Village

Both early settlers and newcomers spend time in the homes of those residents who are part of their social group. It has been pointed out in Chapter VI that these social groups are common-interest groups and have little relationship to geographical propinquity. For both cohorts, the social contacts in the neighborhood are secondary to their primary social group.

To determine the residential locations of newcomers and early settlers within the village, the residences of these two cohorts were color-coded on a residential map of Fountainview. The geographical locations of newcomers' residences are scattered throughout the village, except for one newly-developed residential area. Thus, for newcomers the only option is to go outside the neighborhood to find residents in their age group with whom they have interests in common. A married male newcomer said,



We found there are several levels of age groups. There are young ones, say in the late fifties. And, well, people our age. And there is a level of 75-to-85-year-old people who are very inactive. So you gravitate to your own age level, I think, and we have found a strata of people our age who...we have a lot in common with....

There is no meshing [of age groups] on a social plane. We don't know anybody who's drastically older than we are except our neighbors. We don't do any socializing with them.

In contrast, early settlers have a number of early-settler neighbors, due to the larger size of the early-settler population. Although common-interest groups are still primary, there tends to be more neighboring among early settlers. For residents who become increasingly home-bound due to a long-term illness, their social contacts with neighbors may become their main social contacts during the day.

There is another reason for the increasing importance of the neighborhood as residents age. It is expected that neighbors will "keep an eye on each other," observing and acting upon any change in routine which might signal illness or death. In case of a crisis, it is expected that neighbors will be willing to help. However, mutual assistance among neighbors is expected to be only temporary. An "excessively demanding" resident is perceived as not respecting the privacy and rights of others.

A female early settler told about a couple who had recently moved into Fountainview. They were both in poor health when they moved in and did not have a car. Now, with the need for daily outpatient treatment at a hospital

outside the county, residents were taking turns transporting them. This woman stated, "They shouldn't have moved here in the first place!"

#### Time in Locations Outside the Village

During a twelve-month period, snowbird-newcomers spend approximately six months outside the village. Their ties to two places of residence influence their acculturation into the village and their perception of the village.

As long as there are meaningful ties to another place of residence and to other social groups and activities outside the village, their social group within the village does not assume primary importance. Indeed, for some newcomers who are "on vacation" and who are only peripherally involved in village social life, Fountainview is merely "a place of residence." Ties to the village are weak.

While in residence, newcomers spend more time outside the village than early settlers. They mention recent extended tours to foreign countries, as well as pleasure trips within the United States more frequently. They also spend more time traveling and exploring the state of Florida.

Almost all early settlers maintain only one residence--their home in Fountainview. The early settlers who were originally snowbirds report that it was too difficult to maintain two residences. After a few years of village residency, they sold their northern home.

Once this choice is made, their primary social group and their main activities are within the village. If residents are involved (or become involved) in activities outside of the village, i.e., in the nearby community, these activities are usually volunteer activities that are positively sanctioned by Fountainview.

Less commonly, these "outside" activities involve being members of community-service/fraternal organizations in which other Fountainview residents are active. Participation in these latter organizations usually diminishes over time and represents a small proportion of residents.

Thus, once year-round residency has been established, the lives of residents become village-centered. During the winter season, the main reasons that these residents leave the village are to purchase goods and services and to attend religious services in the nearby community. During the summer, early settlers who are able to travel beyond the immediate area are more likely to be visiting relatives than to be taking a sightseeing trip.

For some residents, the "outside" is perceived as dangerous, and this perception intensifies over time. There are three reasons for this phenomenon.

(1) Residents were already concerned about dangers in their environment when they entered the village. The security features of Fountainview were primary reasons for their choice of this type of environment.

(2) Over time, there have been changes in the immediate area. "Outside" traffic has increased, and the county is undergoing a transition from rural to urban. When these changes are coupled with the processes of aging, such as decreases in reaction time and poorer eyesight and hearing, it is understandable that some aging residents feel more secure and safer in the village.

(3) The village-centeredness of residents' lives results in less frequent and more circumscribed contact with the "outside." The residents' responses to media reports of crime in the area become exaggerated, i.e., out of proportion to the actual nature and frequency of crime. One example of purse snatching at a local shopping plaza is all that is necessary to strengthen the residents' perceptions of the "outside" as dangerous.

#### Differences in Historical Perspective

We have explained that the shift to a village-centered life gains momentum when major ties to "outside" social networks and places of residence are replaced by full-time residency and the development of a meaningful social life within the village. This alters residents' perceptions of the village and of the "outside." In addition, cohort differences in perception are influenced by the different village-historical events experienced by the two cohorts.

Early settlers are the original residents of Fountainview. They experienced the early growth of the village and the management of the village by the original

owners. They remember the village when the population was small, and all residents knew one another by name. They are able to describe the physical changes in the village as more and more land was developed into residential areas. The earliest of the early settlers remember when there was no bridge over the river, and the residents had to enter the village through the "back gate." They recall the open spaces and the orange groves.

They also report that the original developers made a special effort to "create" social bonds among residents and to involve them in the development and implementation of clubhouse activities. This philosophy of resident involvement in the village/"club" was encouraged and reinforced by the clubhouse staff. A male early settler explained, "It was your duty to contribute to your community." Residents were expected to volunteer their talents and knowledge, to develop a wide variety of clubhouse activities, and to support these activities through regular attendance.

A female early settler contrasted the present with the early days as follows:

The new people who have moved in are not as active as we were. Of course, it was a smaller group. Everybody would go to everything. They used to have the hall full for bingo. Now they've got it one-third filled and three times as many people [in the village]. They don't go into it as wholeheartedly as we did although they do activities.

When early settlers were asked about the changes in the village, one historical event stood out in the minds of the early settlers--the crisis over ownership of the village. The early settlers experienced anxiety and fear about their future and the future of Fountainview. Later, they experienced a sense of relief and joy when they succeeded in purchasing the village. This crisis bound residents together, creating a strong community bond.

In contrast, the newcomers have entered an established retirement village. The physical appearance of the village, the clubhouse and its over-100 activities, and the residential ownership of the village are "givens." Although almost all newcomers are aware of the history of village, they did not experience the events, and therefore they have no emotional attachments to these events. As one male early settler stated,

The newcomers can't know what we went through....  
They don't see what's been set up--the hours  
spent.

Early settlers often recite the history of the village to newcomers and visitors. One newcomer had lost his patience because he had heard Fountainview's history too many times. He felt that the residents "throw it up to your face." He said that it made him feel as if he should contribute money for the legal fees that were collected from residents during the crisis, even though he wasn't present at that time.

This reaction is atypical. More often, newcomers recognize the contribution that the older residents have made to the community. A male newcomer stated it this way:

I have to admire the people who came in here when the place was just being built. They had a lot of foresight or nerve. I don't know which--nerve, I think--to buy a place here when it looked like it must have looked in those days. And they must be particularly grateful and pleased to see what a marvelous thing it became--And to imagine that they [the Board of the residents' association] could come up with [x] million dollars to buy the place. Somebody had some brains, some talent, some drive. We owe them a lot, I think.

Thus, a difference in historical perspective is one of the cohort differences. The early settlers participated in the making of village history. Their relationship to this history is both emotional and intellectual. Usually, the newcomers are able to appreciate the history, but they can only relate to these past events intellectually. They have not developed the same level of emotional attachment. The newcomers will be the makers of the future history of the village.

#### Perceptions of the Village

One of the consequences of this cohort difference in historical experiences is that the two cohorts perceive the village differently. Newcomers are more likely to describe the village as just another example of a small town or residential subdivision.

Some newcomers describe Fountainview as "a place of residence". A female newcomer in her sixties explained,

I don't view this place like a lot of people do. It is just a lovely place to live. I don't use it as a community like many people do. I don't get too friendly with neighbors.

A similar view was expressed by another female newcomer in her sixties. She said,

It's just our home and a pleasant place....It's just our retirement home. I'm involved but not so much in [Fountainview].

A male newcomer in his mid-sixties described Fountainview as follows:

[Fountainview], in my opinion, is nothing but a cross-section like any other small town. There are all kinds of people. There are cliques. You can belong to a set, not as you see fit, but there are sets that cling together.

Early settlers are less likely to be matter-of-fact. In their descriptions, their tone-of-voice is more likely to be filled with emotion. Their descriptions contain positive superlatives. The message is one of pride in, and personal identification with, Fountainview.

Early settlers are more likely to idealize the qualities of the village. They believe that Fountainview is "unique" because it was created as a "pilot project" and had connections with the retirement-housing interests of a national organization of retirees. The fact that the residents bought Fountainview is also perceived as proof of the exceptional quality of the village and its residents. Early settlers believe the composition of the population is unique because the residents are of "high quality." Early settlers feel that their village is "special."



### Cohort Differences in Response to the Aging of Residents

One current process is simultaneously being experienced by both cohorts--the aging of residents. However, this process is being experienced quite differently by newcomers and early settlers. Early settlers and their resident-friends are more likely to feel that they are within the process, whereas newcomers, being younger, feel that they are observers of the process.

The early settlers did not enter a village with an existing aging population. The cohort of early settlers have aged together. They have observed the illnesses of friends and neighbors and have had to bid farewell to friends who have had to move away. They have mourned the loss of friends and have expressed their sympathy to widows and widowers. Occasionally, they have celebrated a remarriage. And, within their own homes, they may be experiencing these same changes and may be in the process of considering their own future options in the event that they become unable to live independently in their homes.

In contrast, newcomers are entering a village in which the majority of the residents are in their seventies. Health and mobility problems are more visible. The incidence of death and the number of singles have increased over the years.

Newcomers repeatedly commented on the aging population, noting that the residents are "so old." One newcomer complained that "it's too, too quiet here." Another

newcomer noted, "The transitory population disturbs some people here."

Several newcomers were amazed that the residents were able to "treat death so matter-of-factly." One female newcomer felt depressed by the large number of old people and deaths in the village. She added, "I can't stand the gray hair--all have the gray curly hair."

These statements from newcomers illustrate one of the major tasks facing new residents. As one resident put it, "It's an adjustment to live in a community of only senior citizens."

One major implication of this cohort difference concerns its effect upon village-level planning and development of supportive services for an aging population. This effect will be given further consideration in the conclusions of this chapter.

#### A Qualitative Comparison of the Two Single Cohorts

Qualitative data on singles have been gathered through interviews and participant observation, including attendance at the Singles' Club. Interviews of singles have been conducted in two studies--(1) the exploratory study of early-settler singles conducted during the summer of 1984 and (2) the qualitative portion of the 1986 time-allocation study in which both early-settler and newcomer singles were studied.

The singles in Fountainview are predominantly widows. The average age of both early-settler and newcomer singles

is 75. It had been expected that single newcomers would be (1) younger than single early settlers and (2) similar in age to married newcomers.

This influx of an older group of single newcomers into Fountainview is related to the fact that Fountainview is one of two of the oldest retirement villages in the area, having been in existence for over twelve years. Thus, it is perceived as a stable, established community.

In addition, the combination of an emergency alarm system and an EMT staff are safety features not found in other retirement villages in the area. These two safety features, when combined with the other supportive services listed in the Fountainview "Health Programs" brochure (e.g., Home Health Care, Meals-On-Wheels, and screenings for hearing and blood pressure) create the impression that independent-living can be maintained longer in Fountainview than in other retirement villages. Some of these older single newcomers believe that Fountainview will be able to provide more supportive services than exist in actuality.

Single newcomers differ from early-settler singles in two ways. (1) Most early-settler singles were married when they entered the village, whereas most newcomer singles were widowed prior to their entry. (2) At the time of entry into the village, early-settler singles were in their mid-sixties. Thus, early-settler singles are more likely to be dealing with the aftermath of the death of a spouse--the tasks of "widowhood." In contrast, newcomers are more

likely to be dealing with the establishment of a social life as a single--the tasks of "singlehood."

The following discussion of the tasks of singles focuses on the development of the social networks of singles and the process of mourning. This will be followed by qualitative comparisons of the two cohorts, given their differing composition.

Before beginning this discussion, one previous finding must be kept in mind. In general, the behaviors and perceptions of the two cohorts of singles correspond to the behaviors and perceptions of the corresponding married cohort. Both married and single residents share the same physical and sociocultural environment of the village and the same American middle-class cultural values.

#### The Social Networks of Singles

Findings from the 1984 study of 27 early-settler singles (24 females and 3 males) provide data on the composition of the social networks of singles and the social contexts in which interaction occurs.

Singles were asked the following question--"Name three to five people within the park with whom you spend the most time. (Indicate name, location, sex, and marital status.)"

A mean of 3.5 people were named. Of those persons named, 53 percent were widowed females. An additional 11 percent were single women who were never married or were divorced. Widowers represented 4 percent of those persons named. These widowers were named under three circumstances.

The widower was (1) the friend of a single male, (2) the friend of a single female, or (3) the relative of a single female who lived in the village.

Married females represented 24 percent of those persons named, whereas 2 percent were married males and 5 percent were married couples. Married males were only mentioned by single males.

The combined data show that 68 percent of the persons with whom singles spend time are also single, and 31 percent are married. In other words, 88 percent of the persons with whom singles spend time are exclusively female.

The importance of shifting to a social network of singles was emphasized by an early-settler widow when she stated,

When you're suddenly alone, you need friends so badly. There's no way you can run with couples. That just doesn't work....You feel like a fifth wheel. [It's important to] immediately get out and make friends when you're widowed. There is a feeling of being out of it....You have to make single friends. You need to accept it....I think that's something that some widows fail to understand....A lot of widows pull into themselves.

Thus, the social network of single females (mainly widows) is a female network in which two-thirds are single and one-third is married. Few single females include single men in their social network. Most widows report that they are uninterested in remarriage.

A female early settler, describing her disinterest in remarriage, said,

It's a little awkward being a widow. You have to get used to it. I was never interested in remarrying and some of the widowers couldn't understand it. I just want to keep the memory of my husband locked up. I don't want competition with him.

### The Social Contexts of Interaction

The most frequently mentioned activities in which female-single groups engaged were (1) playing cards, (2) eating at local restaurants, (3) car pooling to attend religious services, (4) talking a morning/evening walk, and (5) visiting.

Social interaction between widows and married women tended to be within the following specific social contexts--(1) when a widow is a member of a private card club that meets in residents' homes, (2) when a widow continues a friendship with a neighbor, (3) when a widow continues a friendship with the wife of a couple with whom she and her husband socialized while he was living, (4) when a widow attends activities in the clubhouse, and (5) when a widow befriends a married woman whose husband is seriously ill at home or in a hospital/nursing home.

In this latter social context, married women prematurely begin the socialization process into their own future widowhood. For example, a woman whose husband had been in a nursing home for a long period of time was admitted into the Singles' Club.

In another case, a widow explained that she and a married woman took their evening walks together and shared

their feelings as they talked. The married woman was tied down to her home, caring for her ailing husband. The widow could empathize with her predicament. She, too, had cared for her ailing husband prior to his death. This married woman has already completed the first step into the singles' social network.

The interaction between married couples and widows is limited. One single female gave the following explanation:

When you become a widow, couples do not want you--even bosom friends. You may see the women in the afternoon but never at night....The wife does not want any attention [from her husband] given to anyone else, no matter who she is.

Another widow expressed this idea as follows:

After you lose your husband, the couples forget you're alive....Couples are pretty strong here. There's a feeling that we [widows] are kind of sidetracked.

However, not all widows have experienced this exclusion by married couples. Although the amount of time spent with married couples usually decreases dramatically, it does not disappear completely. The continuance of contacts seems to be related to the nature of the previous relationship between the two married couples, prior to the death of one of the husbands. The longer and more meaningful the previous friendship, the more likely social contact will continue. Also, if they are in the same neighborhood, the likelihood of continued contact is greater.

Continued common interests in a clubhouse activity also help perpetuate contacts between married couples and widows.

Transportation to a club activity is often provided by a married couple.

In a few cases, contact occurs because married couples are involved in playing humanitarian roles. Data from both interviews and participant observation indicate that there is one couple in the village who are particularly supportive of widows. They have helped widows with household tasks and have actively helped them to reenter social activities. Other friends and neighbors also provide such help to widows on a temporary basis.

In contrast to widows, the social networks of widowers are quite different. They are less likely to socialize with other widowers. Rather, they attempt to maintain their contacts with married men and married couples and begin searching for a new wife. Friends sometimes facilitate this search by introducing their single-female friends to a widower.

Widowers usually remarry because, as one remarried early-settler male expressed it, "I couldn't stand being alone!" In addition, widowers complain about all the "women's work" that they now have to do. A widower's entrance into "singlehood" is more likely to be temporary. It could be characterized as a minor detour undertaken for the sole purpose of reestablishing a married lifestyle.

#### Cohort Differences in the Development of Social Networks

There is a cohort difference regarding the ease with which new social networks are developed following widowhood.



The task is facilitated by a longer length of residence in the village. Early settlers have made friends and acquaintances throughout their years in the village. Even if they are shy and more introverted, they are more likely to reconstruct their social network because other resident-friends reach out to them.

Friendships with females are particularly valuable to widows. Friendships with married women are likely to continue after widowhood. In addition, some formerly married-female friends may now be widows. In this situation, an existing "pool" of single friends is readily available for the reconstruction of one's social network. One early settler widow reported that both she and five of her close married-female friends were all widowed within the period of one year. These six widows were a ready-made group.

Thus, the timing of widowhood after entry into the village has an important effect upon the ease with which a singles' social network can be developed. Early-settler widows have "aged" together in the village and are more likely to experience widowhood within a similar time period. In contrast, recently widowed newcomers have had less opportunity to develop a social network prior to widowhood.

Both newcomers who were widowed after their move into Fountainview and early-settler widows who were widowed during their newcomer-years of residency in Fountainview relate similar experiences. They entered Fountainview with

a spouse who had health problems or who soon developed health problems. The wife assumed the role of caregiver, spending most of her time at home with her husband. The development of social contacts was put "on hold" or was minimal.

When the husband died, the wife was socially isolated. One woman who was widowed six months after entering Fountainview described her experiences this way:

[When my husband died,] I didn't have any close friends because my husband was sick the whole time. When he died, I didn't know anybody.

There are several alternative outcomes following the death of a spouse. If the married couple's move to Fountainview was mainly the husband's idea, the widow is more likely to leave the village. If she stays, but lacks the energy and/or an outgoing personality, she may continue to be socially isolated. If she responds to the encouragement from neighbors to "get involved," then she may remain in the village.

The task of developing a social network is a challenge for single newcomers, regardless of whether or not they are widows. This task is more difficult for single newcomers than it is for either recently widowed early-settlers or married newcomers.

In contrast to widowed early-settlers, single newcomers do not have an established "pool" of friends and acquaintances from which to construct a singles' social group. In contrast to married newcomers, single newcomers

have a much smaller "pool" of newcomer residents from which social networks can be constructed. The majority of newcomers are married couples, and, as previously pointed out, married couples socialize mainly with other married couples.

### The Task of Mourning and Re-entry into Social Life

Recently widowed females of the early-settler cohort are likely to decrease or cease their social activities while they are in the early stage of mourning. However, this withdrawal may not last long. The networks of single females (and sometimes other humanitarian residents or personal friends) in the village usually encourage these widows to become involved again. There is no further social pressure. If a widow responds, her involvement is positively reinforced. If she does not respond, residents are concerned but respect her decision.

The social networks of singles also offer other advice to recently widowed women, in addition to the advice, "Get involved". Widows are often told, "Don't move from the village for a year" and "Get out of the house (or village) every day."

Some widows and widowers use the clubhouse activities to "get through" their mourning process. These persons become very active in club activities, spending major portions of their day in the clubhouse. One widower who was very active in the "club" practically "lived" in the clubhouse, except for going home for lunch and dinner.

Another example concerns a recently widowed female who became intensively involved in club activities "too soon" after the death of her husband. Her friends were critical of her, feeling that she had not properly mourned the death of her husband. As she explained it,

I was tied down for [x] years. He wanted me around. I went constantly for two years after that [i.e., after the husband's death]. One friend said, "You sure are doing a lot of running around since [your husband] died!" I knew I'd mourn if I sat at home. There's no sense sitting at home moping and losing all your friends.

For those widows who have been previously active in the "club," a reentry into clubhouse activities is sometimes a rude awakening. Widows explained that many of their previous activities--activities which were couple-oriented--had to be eliminated. For example, going to a Saturday-night dance or playing bridge without a partner was either no longer possible or comfortable. A shift to activities which are predominately attended by females and activities which are not couple-oriented tends to occur. Finding a female partner for bridge games is another way in which widows adjusted.

A widow may or may not attend the Singles' Club. Among the single-female networks, there are two schools of thought regarding this club. One group views the club as a way to spend an evening socializing with others and therefore encourages recently widowed women to attend. The other group has a less favorable perception of the club, viewing it as a place where widows go to meet men. Residents from

this school of thought are likely to make the following comment to a recently widowed woman--"You aren't going to go to the singles' club now, are you?" This view does not reflect the reality of the club. Most of the club members are women. Very few men attend.

### Conclusions

The qualitative information presented in this chapter will facilitate the construction of the life-course trajectory presented in Chapter X. In addition, two of the findings presented in this chapter are particularly relevant to this study's focus on Fountainview's responses to aging, illness, and death.

First, it was noted that residents in both cohorts cannot escape gaining an awareness of the aging of residents, given the age-segregated environment in which they live. Both cohorts have observed the consequences of aging, and early settlers are especially likely to have experienced the effects of aging in their own personal lives.

The question is, "Given residents' awareness of the consequences of aging in a retirement village, what factors account for the lack of a full range of services/programs for aging residents of Fountainview?" Obviously, "awareness" is not sufficient for change to occur. To answer this question we must explore a second qualitative finding.

This finding is that early settlers have developed an emotional attachment to, and an identification with, the village. They have idealized the qualities of the village. At first glance, the early settlers' idealization of the village seems contradictory, given the fact that there is a decline in the quality-of-life of residents who are experiencing the effects of aging, illness, and the death of a spouse. However, "quality-of-life" is not the same thing as "reported satisfaction."

Early settlers have been acculturated into Fountainview and believe that the village is "the way it is supposed to be." They are "satisfied" with Fountainview. This satisfaction and acceptance of the village system, coupled with residents' concerns over the village's economic stability and their own personal financial security, reinforce the continuance of Fountainview's system in its present form.

Moreover, common beliefs of residents reinforce Fountainview's lack of a comprehensive response to the changing needs of its aging residents. For example, residents believe that the village's informal "mutual aid" network and the "outside" formal services available to Fountainview residents are adequate to meet the needs of residents. It is also believed that prolonged village residency by "frail" residents is inappropriate unless a family member is present to provide care.

Thus, although these older residents are cognizant of the consequences of aging upon other residents and/or themselves, they do not question the structural aspects of the village which are supportive of younger, healthier residents and nonsupportive of aging residents.

These are major reasons explaining why the sociocultural system of Fountainview remains relatively unresponsive to the needs of aging residents in crisis.

CHAPTER X  
THE LIFE-COURSE TRAJECTORY OF VILLAGE RESIDENTS

A description of the path which residents are most likely to follow from the time of entry into Fountainview to the time of exit from the village is presented in this chapter. This path is called "the life-course trajectory of village residents."

Three sources of data are used to construct this trajectory--(1) data from the exodus study in which reasons for exit from the village are identified (presented in Chapter VII), (2) the comparative data from the quantitative time-allocation study (presented in Chapter VIII), and (3) the qualitative data used to compare early settlers and newcomers, both married and single (presented in Chapter IX).

Following the presentation of this trajectory, the current needs of different groups of aging and/or single residents of Fountainview are identified. The chapter concludes with an assessment of the quality-of-life of residents throughout the history of Fountainview.

Task "Sets" and the Life-Course Trajectory

The life-course trajectory of residents is a dynamic, not a static, model. It covers that period of time during which individuals are residents of the retirement village of



Fountainview. As such, it represents only a portion of the total life-course of these individuals.

The basic building blocks for this model are "life-course tasks," such as learning to be retired, developing a social network, or coping with the effects of the normal processes of aging. When an individual works on a life-course task (i.e., "task-work"), he/she is engaging in a process that occurs over time.

For any specific life-course task, there is variation in the length of time which it takes a resident to complete the task. Some tasks may never be completed. Other tasks may be completed and then reengaged in at a later time. Residents may deliberately ignore certain tasks. There are specific tasks which limit, interfere with, or block work on other tasks. If a resident becomes overloaded with too many tasks, some task-work may be postponed.

The dynamic nature of this model is emphasized by the choice of the term, "trajectory." A "trajectory" is a curved path, not a straight path. It implies that, over time, momentum builds, increasing the likelihood that Fountainview residents will exit the village.

There are three major "sets" of life-course tasks. The term "set" is used to indicate a group of related tasks that arise in response to a particular life-course event or situation. These three "sets" of tasks are (1) entry-level tasks, (2) tasks precipitated by long-term illness and other

physical conditions related to aging, and (3) tasks precipitated by the death of a household member.

#### Task Set One--Entry-Level Tasks

Task-work related to the first set of life-course tasks begins when a resident enters Fountainview. Each resident initially confronts these various tasks at different points in time. However, within the first few years of residency, it is likely that all, or most, of these tasks will have to be dealt with by new residents. For this reason, these tasks have been called "entry-level tasks."

The accumulated data made it possible to construct a provisional classification of eight major entry-level tasks which have to be dealt with routinely by Fountainview residents. These tasks include learning to be retired, learning the cultural norms of the village, and developing a social network in the village. This discussion begins with the first key task in the classification.

#### Task one--learning to be retired

The process of learning to be retired has usually begun prior to village entry. The extent to which this task has been completed depends upon the length of time since retirement and the difficulty of the task for a particular individual.

A few residents have not even begun the task. There is a small number of married female newcomers in their fifties and early sixties who do not perceive of themselves as being retired. It is only their husbands who have retired. These

women have made a decision regarding the extent of their involvement in social groups outside the village versus within the village. (See entry-level task six below.)

One of two options are chosen. Some of these women decide that their major social activities will be outside of the village. For example, one woman was involved in competitive card-playing tournaments. Another woman taught an adult education class at the local community college.

The alternate choice of these women is to be involved in very few, if any, activities in either location. This option was chosen by a snowbird-resident who spent only three or four months in the village each year. She was "on vacation," but not retired. Minimal involvement in social groups was also found among "younger" female newcomers whose husbands were ill.

The process of learning to be retired is sometimes facilitated by village residency. A career-oriented person who needs the routine and structure of the work-environment may use the structure of club activities as a substitute. The avid card-player or the avid shuffler are examples. Some board members of the residents' association have used the demands of this work as a substitute for their previous employment in the business world.

#### Task two--learning the cultural norms of the village

Learning the cultural norms of the village is not a difficult task because these norms are mainly replications of the norms of white-collar, middle-class American culture.

As long as a resident plays the role of "retiree," he can do as he/she pleases. However, if a resident's primary social involvement is in the "club," he/she must learn the exceptions to the "do as you please" norm.

One norm that newcomers are most likely to break is the norm that you should not talk about (and especially not brag about) your former occupational status. When this norm is broken, a resident is not negatively sanctioned. Rather, he/she receives no response.

The norm regarding temporary aid either had not been learned, or was being ignored, by a single female newcomer who was spending large amounts of time helping an older, frail couple. Her complaints about the increasing demands that were being made on her time fell "on deaf ears." Although other residents gave positive recognition to the humanitarian role being played by this woman, the residents' consensus was that relatives of the frail couple should be stepping in and that this woman should limit her involvement.

### Task three--adjusting to an age-segregated environment

The visible signs of age, e.g., gray hair and wrinkles, of the majority of residents are the first stimuli leading to this task-work. The consequences of this preliminary task-work is to continue seeing oneself as "middle-aged" and to spend one's time with other "middle-aged" residents.

Other events, especially the deaths and illnesses of other residents, stimulate further task-work throughout

one's residency in the village. This task-work is a never-ending process. In the early days of residency, residents learn how to cope generally with an environment where death and illness is a frequent occurrence. As the years of residency increase, death and illness is experienced more personally as friends and spouses age.

Task four--learning the village's formal rules

The written rules (e.g., rules regarding visitors, children, pets, and gardens) are readily available to all residents. Infractions of these rules are likely to be negatively sanctioned by older residents. A few newcomers complained that older residents "never let you forget" these rules. If a resident persists in his/her infraction, then the matter is referred to management.

Residents may try "getting around" some rules. For example, residents are not allowed to have a vegetable garden on their residential lot. If they want a garden, there are garden plots available in another area of the village. However, it is a common, and successful, practice to hide a few tomato plants or other vegetables within one's shrubs and flowers. Residents positively sanction this practice.

The mental processes which residents go through in adjusting to rules that are unique to the village is illustrated by the reactions of residents to the "no pet" rule. Newcomers most frequently mentioned this rule. One couple explained that they waited until their dog died

before moving to Fountainview. A female newcomer expressed her feelings by stating,

Frankly I don't like these parks. It's an abnormal way to live--no kids, no dogs.

Another single female newcomer said,

I would like it if you could have pets. It's someone to talk to.

An adjustment is made when the desire to have a pet is overshadowed by a perceived advantage to the "no pets" rule.

A male newcomer had made such a adjustment when he stated,

We miss not having a pet although we enjoy going for a walk at night and knowing no dog will jump out of the bushes.

#### Task five--developing a social network within the village

The composition and development of social groups within Fountainview have been previously explored in detail and will not be discussed further.

#### Task six--making decisions about "inside"/"outside" involvement

The process of making decisions regarding "outside" and "inside" involvement is a continuing process throughout the life-course of village residency. However, the majority of residents quickly shift their primary social involvement from the "outside" to the "inside."

The greatest amount of "outside" contacts is maintained by snowbirds (mainly newcomers) who spend six months in their northern residence. In addition, there are the "young" female newcomers, mentioned earlier, who deliberately develop and maintain their social life

"outside" Fountainview. A few newcomers transfer their memberships in community-service and fraternal organizations to the nearby community. These three subgroups of residents "have their feet in both worlds."

The shift to the "inside" gains momentum when one's residence in Fountainview becomes the primary, and usually only, place of residence. However, village residents are encouraged by other residents to develop and maintain some social involvement with the "outside." For most residents, this "outside" involvement is minimal. Most commonly, it involves weekly attendance of religious services in the nearby community. (Other types of involvement, involving a minority of residents, have been previously discussed.)

Task seven--developing an identification with, and an emotional attachment to, the village

This is a long-term process. Identification with Fountainview grows as the village becomes an increasingly important and meaningful part of one's existence. A few residents, having limited financial resources, are tied to Fountainview economically, i.e., it would be a hardship to move elsewhere. The experience of sharing special historic events within Fountainview, such as the crisis over ownership, deepens the attachment. A division between "we" and "they" becomes stronger when an "outside" threat impinges upon the village.

The commonality of age and retirement status within Fountainview strengthens the "we" feeling. The "we" feeling

is also facilitated by the use of village symbols. The original developers created a logo for Fountainview. It is visibly present on each resident's car sticker. It is also found on optional license plates and articles of clothing, as well as on all written communications and real-estate advertisements.

Task eight--coping with the normal processes of aging

The younger, healthier residents cope with the normal processes of aging by acting on the "be active" norm. One resident informed me that he had become younger since moving to Fountainview. As length of residency and age increase, physical changes extending beyond the graying of the hair and the wrinkling of the skin arise. Problems with vision and hearing are especially common. Both of these problems often lead to a decrease in social activity.

Residents with hearing problems complained about the acoustics of the clubhouse. A widow with night blindness stated that she never went to clubhouse events in the evening. A widow with more serious vision problems said,

When you have the eyesight I have, you tend to pull back. I don't know faces until they are right up on me. I'm living very differently than I did before.

When vision problems result in the inability to drive a car, transportation problems arise. Although Fountainview schedules bus trips to the local shopping plazas and area malls, there is no continuous daily schedule which allows residents to shuttle back and forth at their convenience.



Also, destinations are limited to the commercial areas. Doctor's appointments cannot be accommodated by the present bus service. Residents must obtain help from neighbors or from the resident-volunteer group. Similarly, declining stamina and difficulties in mobility lead to a decrease in social activities and an increase in sedentary activities.

#### Continuation of Entry-Level Tasks

Task-work related to some, or all, of the eight entry-level tasks continues for the duration of one's residency in Fountainview. Task-work on these eight tasks occurs while residents are able to function independently.

Entry-level task-work is disrupted by the other two "sets" of tasks--(1) tasks precipitated by long-term illness and other physical conditions related to aging and (2) tasks precipitated by the death of a household member. Task-work related to these two "sets" of tasks is activated involuntarily by biological changes. When residents must confront these tasks, they do so defensively. These two "sets" of tasks "throw a curve" into the life-course trajectory. They are the tasks that are likely to propel residents into a trajectory which results in a village exit.

#### Task Set Two: Tasks Precipitated by Long-Term Illness and Other Physical Conditions Related to Aging

There are three major tasks precipitated by long-term illnesses and other physical problems related to the normal processes of aging. Although the timing of these events is unpredictable, they are most likely to confront early

settlers. Data indicated that 50 percent (n=15) of the respondents in the random sample of married early settlers were dealing with long-term illnesses/chronic physical conditions in their household. These medical problems included heart disease, cancer, emphysema, diabetes, advanced cases of arthritis, stroke, and Alzheimer's disease.

Usually, it was the male who was affected. In three households, both spouses were experiencing serious health problems. In two households, one of the spouses was wheel-chair-bound. In approximately one-half of these households, the resident with medical problems would not have been able to maintain an independent household in Fountainview without the assistance of the spouse.

Among single early settlers 21 percent (n=4) reported chronic physical conditions, such as diabetes, heart disease, and gastrointestinal problems. These health problems of singles were not yet severe enough to interfere significantly with their ability to maintain an independent household. However, two of these singles depended on neighbors to assist them with shopping and/or transportation. In addition, one single male was wheel-chair-bound and had hired companions to be with him around the clock.

Task one--coping with the illnesses of oneself and/or one's spouse

Most residents who continue to reside in Fountainview during a long-term illness are married couples. Usually, one of the spouses is healthy enough to play the role of caregiver. The caregiver is most likely to be female.

The caregiver role may extend over a several-year period. During the early stages of caregiving, the home activities of the female caregiver may not be substantially altered. She continues with her housekeeping duties. However, her outside social activities may be curtailed partially or totally. Even if the ailing spouse can be left alone for a period of time, many wives feel that their husbands desire constant companionship in the home.

Over time, further demands are made upon the caregiver. Caregiving may become more time consuming. The caregiver may become bedridden. In an attempt to keep a spouse out of a nursing home, the caregiver assumes more and more responsibilities. In interviews with widows in Fountainview, they often talk about the mental stress and physical exhaustion which they experienced during this time.

A period of disillusionment is reported by some caregivers who attempt to obtain supportive services. They begin to recognize that the temporary assistance given by residents is not sufficient. Even in those situations in which residents have extended themselves beyond the usual temporary support, both the caregiver and these helpful

residents come to realize that none of them can meet the increasing demands for care.

When a caregiver turns to formal supportive services, such as Home Health Care, she sometimes discovers that this organization cannot provide some of the needed services. Or she discovers that the costs of such services are prohibitive, given her financial resources. A few residents believe that the services of the Home Health Care agency are part of the package when they become a Fountainview resident and pay their maintenance fees.

Female caregivers, regardless of the increasing demands for care, often continue giving care until the spouse dies. Residents who observe a situation in which the demands for care have become "too excessive" express concern to one another. Occasionally a close friend or neighbor may quietly suggest to the caregiver that the spouse needs to be placed in a nursing home. However, there is great reluctance on the part of residents to interfere with another resident's privacy.

There is also great reluctance on the part of the caregiver to place their spouse in a nursing home. If a nursing home placement is made, it is most likely due to the intervention of relatives or the result of a physician's recommendation.

Task two--coping with the illnesses and deaths of friends and neighbors

The task of coping with the illnesses and deaths of friends and neighbors confronts residents of the early-settler cohort most frequently. This task is a continuation of the previously discussed task of adjusting to an age-segregated environment. Only the context has changed.

In the earlier years of residency, it was less likely that a resident personally knew those residents who were ill or had died. However, as a cohort ages together, illness and death touch their social groups. The distance from illness and death has decreased. It now touches the personal lives of residents.

The main methods of coping are forms of "distancing" oneself from illness and death. A common method of coping is to get away from the village. As a widowed early settler explained,

In spite of your own good health, you can't help but hear about other's poor health. I get awfully tired hearing about the poor health of residents....I go away about three times a year. That relieves you from hearing about poor health. You need to get away from it.

A married female early settler expressed a similar position. She said,

[Fountainview] is not utopia. There are disadvantages. You have to get away from here to get away from older people. They're dying and that can get depressing. It doesn't bother [my husband].

Another method of "distancing" is to socially distance oneself from others. A male early settler in his late seventies explained this method of coping when he said, "I just don't get too close to people." In spite of these "distancing" methods of coping, residents are directly confronted with the task of mourning at some point.

The changing neighborhood is one of the most visible reminders of the presence of illness and death. Early-settler residents often cited the changing neighborhood as an example of change in Fountainview. One neighborhood was described by an early settler as "widows' row." Other residents recited the changes in residency in their neighborhood, pointing out who had died, who had moved to a life-care facility, and who had moved to be closer to their children.

Changes in the neighborhood may also signal a change in a resident's support system. For example, widows expressed concern about the village exits of neighbors who had previously provided them with supportive services, such as transportation.

Task three--assessing the appropriateness of residency in the village

An assessment of the appropriateness of one's continued residency in the village is most likely to occur as one is nearing the end of the life-course trajectory. Momentum has increased as the events of illness and/or the death of a spouse have confronted the resident. The decision making

process, leading to an anticipatory exit, was described in Chapter VII. Those long-term residents who do not go through this process will eventually be confronted with a forced exit.

#### Task Set Three--Tasks Precipitated by the Death of a Household Member

Confronted with the death of a household member (usually a spouse), residents must face two additional life-course tasks--(1) the task of mourning and (2) the task of singlehood. This latter task involves establishing a social network of singles and either learning to live alone or remarrying. Information related to both of these tasks was presented in detail in Chapter IX and will not be repeated here.

#### Current Needs of Aging Residents

In Chapter VII it was concluded that a major gap in Fountainview's programs for aging residents was in the area of intermediate-supportive services. Since the life-course trajectory of village residents has now been described, it is possible to clarify the specific groups of residents needing intermediate-supportive services and the nature of their needs.

The intermediate-support needs of residents stem from the fact that the majority of residents desire to maintain their independent-living arrangements and therefore prolong their residency in Fountainview for as long as possible. This desire to remain in an independent-living situation has

been reinforced (1) by the rising costs of health care and (2) by the current societal trend to provide home-health-care services as a cost-effective alternative to institutional placement.

At present, there are four groups of residents in need of intermediate-supportive services. Caregivers are the first group in need of such services. In most cases, caregivers are married women, caring for their aging, ailing husbands.

Caregivers experience a high amount of stress, especially as the level of care increases and/or as isolation from social contact increases. Although research has shown that caregiver-spouses provide high-quality care, the quality of care is related to the ability to cope with the accompanying stress. In turn, successful coping is related to the extent to which supportive services can be provided to minimize the stress. (Horowitz, 1987) They are especially in need of supplementary housekeeping services, assistance with the daily personal care of the ailing resident, and respite care.

A second group of residents who are in need of supportive social services are those residents who live in a household in which there are no household members available to play the role of caregiver. This group includes (1) persons in single households and (2) persons in married households in which both spouses are in poor health.



This group has three options. (1) They may "make do" with the present level of available services for as long as possible. (2) If the need for services extends beyond the services provided by Fountainview, those who are financially able may hire nurses, aides, homemakers, or companions to provide more comprehensive services. (3) They make other living arrangements, moving to be closer to relatives and/or selecting a more supportive environment.

These residents are likely to need more services than residents who have a "caretaker" in the household. There is a great need for case-management services which (1) link residents with the needed services, (2) monitor the delivery of these services, and (3) monitor the changing needs of the resident, and adjust services accordingly.

Residents who need assistance in locating appropriate, alternative living environments are a third group in need of additional services. This group includes two subgroups-- (1) residents who are experiencing a crisis and must make an immediate relocation decision and (2) residents who are anticipating the future need for relocation, but who do not have adequate information about relocation alternatives to make an informed decision.

Although this latter subgroup of residents are capable of exploring the alternatives on their own, additional information provided by a professional would facilitate this decision making process. A professional would be able to assess the needs of the resident, to present the appropriate

alternatives available within the area, and to aid in the decision making process by pointing out similarities and differences in the type and quality of services offered in each environment.

The need for such information is greater than residents perceive. Resident-leaders are under the impression that everyone knows about the area's alternative living facilities. Interview data reveal that this is not so. Many older residents have never visited a life-care/continuing-care facility and believe such facilities are "hospitals" or "nursing homes."

The majority of information about such facilities circulates by word-of-mouth. The information becomes distorted and is full of error. Also, the information is limited to those facilities where former friends and neighbors have relocated.

Occasionally, developers of such facilities have been invited to Fountainview to present information regarding their facilities. Such presentations do not reach all residents. Also, they are biased portraits of the facility, based on the business orientations of the developers.

A fourth group of residents in need includes those (1) who are having difficulty in completing the mourning process, following the death of a spouse, and (2) who are experiencing problems in adjusting to singlehood. These residents would benefit from the establishment of an ongoing

relationship with a professional person skilled in problem-solving techniques.

Although several ministers in Fountainview take turns in volunteering their time for religious counseling, it is not sufficient in those situations in which a long-term intensive relationship is necessary and in which a comprehensive assessment of the situation is required. In the fall of 1986, the local community college initiated the AARP-sponsored Widow-to-Widow Program. It is too early to assess the impact of this service upon singles in the village.

In summary, Fountainview residents (1) who are having difficulty coping with the stress of caregiving, (2) who need assistance with daily-living activities, (3) who need to make relocation decisions, and (4) who need assistance in coping with widowhood and singlehood are in need of intermediate-supportive services.

Their needs extend beyond the existing services. They need an additional array of services--(1) homemaker services, (2) assistance with personal care, (3) respite care, (4) in-depth information regarding relocation alternatives and other community resources, (5) counseling, and (6) case-management services--professional services which serve to link people with appropriate services and which monitor the delivery of services and the changing needs of residents.

These residents have decided to extend their independent living arrangements in the village for as long as possible. They will "muddle through," regardless of the services available or unavailable. However, their quality-of-life is enhanced when the appropriate services are provided. If the appropriate services are unavailable or inaccessible to these residents, their quality-of-life is diminished.

### Conclusions

In essence, an assessment of the "quality-of-life" of residents has been conducted in this case study of Fountainview. "Quality-of-life" refers to the extent of congruence between the person and the environment. It relates to Fountainview's responsiveness to, and supportiveness of, residents throughout their entire village life-course trajectory.

"Quality-of-life" is more than "reported satisfaction." Even those Fountainview residents engaged in the life-course tasks of illness, death, and widowhood report that they are satisfied with the village. From their perspective, the village is "the way it's supposed to be." This perception stems from having successfully completed two entry-level life-course tasks. (1) Residents have been acculturated into the sociocultural system. (2) They have developed an identification with, and an emotional attachment to, the village.

The quality-of-life of Fountainview residents has fluctuated as the village has changed and as residents have aged. In the early years of development, the sociocultural system fashioned by the developers and elaborated by residents had a positive effect on the quality-of-life of the vast majority of residents. This compatibility facilitated the entry-level task-work of residents.

When the village was not quite four years old, the first indication of a developing person-environment incongruity was discovered. In response to an awareness of this incongruity, a group of residents informally created the first residents' volunteer group.

Within eight years, the population of the village almost reached its maximum capacity. The quality-of-life of the majority of residents continued to be positive. However, a slowly increasing number of residents were now engaged in the tasks of aging, illness, widowhood, and singlehood. The quality-of-life for this minority of residents was declining as the incongruity between the environment and their needs increased.

During the crisis over ownership, the security of residents was threatened. Thus, the quality-of-life of most residents diminished. Although social activities in the club and in the neighborhoods continued, anxiety and fear permeated Fountainview. Residents reported that this stressful situation contributed to an increasing amount of physical illness among residents and to heightened feelings

of distrust of both "outsiders" and "resident-critics" of the village.

With the resident-purchase of Fountainview, residents believed that their lifestyle and the resultant "quality-of-life" was now protected. However, the hiatus in real-estate sales during the ownership crisis had resulted in no influx of younger retirees. Also, Fountainview now included a large number of residents who had lived in the village for 10-12 years. The aging of residents and the parallel aging of the demographic structure of the village led to increasing person-environment incongruities.

The new resident-leaders, being aging residents themselves, recognized these incongruities and attempted to change the village environment. However, the underlying structure of the village has not changed. Increasing numbers of aging residents are experiencing a diminished quality-of-life.

## CHAPTER XI CONCLUSIONS

This anthropological community case study of Fountainview has gone beyond previous studies of retirement villages. Rather than presenting a static portrait of a retirement village, the present study has been cast in the framework of historical change. Emphasis is placed on the importance of history in understanding the short-term and long-term workings of a retirement village. Both the processes of aging of residents since their arrival in Fountainview and the broader sociocultural changes that have impacted upon the village have been taken into account.

The major focus of this case study has been to explore the relationship between the changes in the sociocultural environment of Fountainview and the changes in the daily lives of residents during their residency in Fountainview. Special attention has been given to the daily lives of residents who are attempting to cope with the life-course tasks of aging, illness, widowhood, and singlehood.

In studying change data from many different points in time have been collected. Data for this case study have been gathered from multiple sources, both qualitative and quantitative.

Two levels of analysis have been used in studying change. The individual-level of analysis has emphasized changes in the activities, perceptions, needs, and tasks of residents as their length of residency and age increase. These findings have been synthesized by constructing a life-course trajectory of residents from the time of entry into Fountainview to the time of village exit.

The village-level of analysis has focused on sociocultural change in Fountainview. Emphasis has been placed on changes in the village economy, changes in the demographic structure of the population, and the nature and extent of changes in Fountainview's responses to the aging of its residents.

This anthropological community case study concludes with an analysis of the relationship between the life-course trajectory of residents and the sociocultural system of Fountainview. This analysis is placed within the framework of an assessment of "person-environment congruity" and "quality-of-life" over time. Recommendations stemming from the results of this evaluation will be presented.

#### Aging and its Impact upon Fountainview Residents

At the individual-level of analysis, changes in the daily activities of residents over time have been studied. A "before-after" portrait of changes was simulated by comparing two cohorts of residents--newcomers (in village residency for four years or less) versus early settlers (in village residency for nine or more years). Also,



differences in daily activities due to changes in marital status, especially widowhood, were studied by comparing single and married residents in the same cohort.

Few statistically significant differences in the amount of time spent in various types of activities and in various locations by the two cohorts were found. We discovered one statistically significant difference pertinent to our study of the effects of aging upon Fountainview's residents. Married early settlers spent more time obtaining medical care for themselves and/or their spouses than married newcomers.

However, the similarities far outweighed the differences. One of the most striking similarities of the two cohorts was that both cohorts spent an average of 18 or more hours at home each day. In contrast, these residents of Fountainview spent only an average of 36 to 66 minutes per day in "clubhouse" activities. These findings contradict the "public image" of the retirement village as an "active" community.

A comparison of the activities of the two cohorts of singles revealed that early-settler singles spent significantly more time socializing in the neighborhood. This finding suggests that, due to their longer residency in Fountainview, single early settlers have developed more social contacts within the village than single newcomers.

Comparisons of single and married residents of the same cohort also yielded a portrait of similarities in daily

activities. One major difference which was statistically significant was that single early settlers spent more time playing cards in other residents' homes than married early settlers. Although both married and single residents are involved in informal neighborhood card-playing groups, more time is allocated to this activity by single residents.

In contrast to the findings of the time-allocation study, an analysis of qualitative data resulted in the discovery of a number of cohort differences and marital-status differences. We found such qualitative differences in (1) the meanings which residents attached to their daily activities and (2) their perceptions of the village. For example, whereas newcomers were more likely to stay at home because they were "on vacation" and wished to relax, early settlers were more likely to be involuntarily at home, coping with the adverse effects of aging.

Early settlers tended to idealize the qualities of Fountainview, whereas newcomers perceived Fountainview as a "place of residence." Such idealization by early settlers was due to a lengthier acculturation process and the experiencing of a differing series of historical events while living in Fountainview.

There were also differences in the contextual circumstances within which the daily activities of newcomers and early settlers took place. During the early years of village residency, the activities of residents were carried out within the context of (1) learning to be retired and

(2) adjusting to relocation in a retirement village. Activities included establishing a social network of friends and engaging in new leisure roles and activities.

In contrast, it was more likely that longer-term residents, i.e., early settlers, were conducting their daily activities within the context of (1) coping with the illnesses of self and/or spouse and (2) coping with the illnesses and deaths of friends and neighbors.

Two additional changes in contextual circumstances were precipitated by the death of a spouse. First, widows went through the mourning process. Second, if widowhood did not result in a village exit, a new social context for daily activities was developed within the village. A shift from a social network of married couples to a social network of singles occurred. If this did not occur, social isolation resulted.

These qualitative and quantitative differences guided the construction of a life-course trajectory of residents from their time of entry into Fountainview until their time of exit. The building blocks for this life-course trajectory were "life-course tasks."

The first "set" of tasks were eight entry-level tasks, identified as follows--(1) learning to be retired, (2) learning the cultural norms of the village, (3) adjusting to an age-segregated environment of retirees, (4) learning the village's formal rules, (5) developing a social network within the village, (6) making decisions

about "inside"/"outside" involvement, (7) developing an identification with, and an emotional attachment to the village, and (8) coping with the normal processes of aging.

Task-work related to some, or all, of these entry-level tasks continued for the duration of one's village residency and usually occurred while residents were able to function independently. Entry-level task-work was disrupted by two other "sets" of tasks--(1) tasks precipitated by long-term illness and other physical conditions related to aging and (2) tasks precipitated by the death of a family member. Task-work related to these two "sets" of tasks was activated involuntarily by biological changes. When residents confronted either of these two "sets" of tasks, they did so defensively.

These two "sets" of tasks "threw a curve" into the life-course trajectory and were likely to propel residents into a path which eventually resulted in a village exit. The amount of time which elapsed prior to an exit from Fountainview depended upon the personal support network of the resident and the nature and comprehensiveness of village-level organizational supportive services.

#### The Sociocultural System of Fountainview

The sociocultural dynamics of the retirement village of Fountainview have been enacted upon a "stage" created by the original developer in consultation with a national organization of retirees. The developer fashioned a number of structural prerequisites for an ideally functioning

village--the underlying economic foundation, the demographic profile of the group to be targeted for marketing, the physical design of the community, and the formal organizational structure within which clubhouse activities would be carried out.

These structural features emphasized physical and financial security, the creation of new roles for retirees within a "club" structure, and an active, stimulating lifestyle within a physical setting that would attract middle-class retirees. Given these structural features, the "desired" demographic structure of the village was obtained. The village attracted newly retired, younger, healthier, married, white-collar professionals whose needs and desires were compatible with this artificially designed environment.

The original developers took into account only one life-course substage of the retirement years--the early retirement years. Major emphasis was placed on an "active" lifestyle in which residents could remain "young" and healthy. By excluding facilities and services related to aging, illness, and death, the realities of biological aging were denied. The developers' flawed perception of the retirement years and selective inattention to the processes of aging have resulted in the present incongruities between the needs of aging Fountainview residents and the sociocultural environment.

Fountainview was created as if the sociocultural environment and its residents were changeless. The

decisions (1) to provide facilities and services for younger, healthy retirees and (2) to exclude facilities and services which address the changing needs of older residents set the stage for the out-migration of older residents and the in-migration of younger retirees. I have called this process "demographic cycling." To the extent that this marketing strategy worked, an illusion of changelessness was created by the process of demographic cycling.

However, aging residents did not immediately move out of Fountainview when confronted with the disruptive events of aging, illness, and death. The developers did not take into account the fact that residents valued independent-living and therefore prolonged their village residency as long as possible. During their years of residency in Fountainview, the residents' desire to maintain an independent-living situation has been reinforced (1) by the rising costs of health care and (2) by the current trend to provide home health-care services as a cost-effective alternative to institutional placements.

In addition to the attempt to create a changeless environment, the original developer created a sociocultural system which closely approximated a "closed" system. Although Fountainview residents must obtain goods and services from the nearby community and attend religious services "outside" the village, boundaries have been drawn around Fountainview. The village has been located several miles from the nearby community, enclosed with security

fences, and protected with security gates and guards at points of entry.

Sharp contrasts have existed between Fountainview residents and the people in the nearby community in terms of socioeconomic status and lifestyle. Most of the interactions with the "outside" have been limited to commercial transactions. Informal social interaction has occurred mainly with other village residents.

This territorial and social separation from the "outside," coupled with the exchange of the "frisky" and the "frail" within the village, has reinforced the "freezing" of time. An illusion that change could not penetrate Fountainview was created. However, both external and internal stresses have triggered change.

#### Sources of Change and Major Village Changes

Two major sources of change have had an impact upon Fountainview--(1) changes in the external environment and (2) biological aging.

#### Changes in the External Environment and Their Impact

There are two prominent historical events which illustrate the impact of external environmental changes upon the village. The severing of the business ties between the original developer and the national organization of retirees, combined with changes in the national economy (i.e., the inflationary spiral of the 1970s), were instrumental factors leading to the change in ownership. More recently, increased competition from the growing number

of retirement-village developments in the area resulted in the development of more recreational facilities to attract new residents.

Neither of these events resulted in major structural changes in Fountainview. Although the majority of residents in the early-settler cohort cite the change in ownership as the most important change in the history of the village, it was not a fundamental structural change. It is true that resident-ownership gave residents control over policy making in Fountainview. However, nothing really changed. The village continued to be managed within a real-estate marketing perspective. Residents became the real-estate developers. The only change was a change in who occupied the role of developer.

Similarly, the development of more recreational facilities in response to increased real-estate-sales competition was not a basic structural change. In fact, it was a predictable response, given the real-estate marketing perspective and the related process of "demographic cycling."

#### Biological Aging and Its Impact Upon the Village

The second source of change is biological aging. We have documented the increase in the average chronological age of village residents over time, the increase in the number of single residents over time, and the increase in the number of deaths of residents over time. The major impact of these demographic changes upon the village has



been to increase real-estate marketing activities to attract new residents. There has continued to be an absence of village-sponsored supportive services to meet the needs of aging residents.

Following the residents' purchase of Fountainview resident-leaders made an attempt to address the needs of aging residents. However, this attempt was also within the real-estate-development perspective. Resident-leaders took a facility-oriented approach. Their solution was to explore the possibilities of constructing an adult congregate-living facility within Fountainview. This plan was soon discarded when legal and financial complexities precluded this solution.

Thus, no fundamental structural changes in response to the aging of residents have occurred. The village and its residents continue to use a "residual perspective" regarding supportive services for aging residents. In other words, they believe that an aging resident in need of support should rely on his/her own financial resources and on family members. Informal "residual" support may be provided by friends and neighbors, but such assistance should only be given on a temporary, emergency basis. Residents should assume minimal responsibility.

When it became apparent that more comprehensive services were needed by aging residents, residents of Fountainview switched to the "societal-level institutional perspective"--the belief that it is the proper function of

society to provide supportive services. In other words, supportive services for aging residents should be handled by "outside" institutions and agencies.

The residents of Fountainview have not responded to the changing needs of aging residents by applying the "village-level institutional perspective"--the belief that it is the proper function of a "community" to sponsor and finance supportive services. The "village-level institutional" perspective has been applied only to the "club" activities for younger, healthy retirees.

#### Person-Environment Incongruities

The relationship between the life-course trajectory of residents and the sociocultural system of Fountainview can be seen by assessing the "person-environment congruity" of residents over time. In the present study "congruity" refers to the extent of village-level responsiveness to, and supportiveness of, residents who are confronted with various life-course tasks. In essence, such an assessment is an indicator of the "quality-of-life" of Fountainview residents over time.

Our assessment indicates that the major incongruity between residents and their village environment occurs in the later years of residency. As length of residence increases, the probability increases that residents are involuntarily confronted with those life-course tasks related to (1) long-term illness, (2) changes stemming from the normal processes of aging (e.g., decreased stamina,

hearing and vision deficits, and difficulties with mobility), and (3) the death of a spouse.

The problem is that neither services stemming from the "residual perspective" nor services reflecting the "societal-level institutional perspective" are designed to meet the changing needs of aging residents. Services stemming from the "residual perspective" are temporary services. Services reflecting the "societal-level institutional perspective" are designed to meet long-term health-care needs.

The service-gap is in the area of intermediate-supportive services. Four groups of Fountainview residents are in need of such services. First, caregivers of ailing family members are especially in need of supplementary housekeeping services, assistance with the daily personal care of the ailing resident, and respite care.

Second, ailing single residents and ailing married couples are in need of services. They may be able to remain in their homes if appropriate assistance with daily-living activities is provided. A comprehensive array of services could be obtained and monitored through the services of a professional case manager.

The third group--residents who need assistance in locating alternative living arrangements outside the village--would profit from the services of a professional, knowledgeable in community resources. A professional would be able to assess the needs of residents, to present the

appropriate alternatives available, and to aid in the decision making process by pointing out the type and quality of services offered in each environment.

Widowed residents coping with the mourning process and the adjustment to singlehood--the fourth group in need of services--would benefit from services designed to provide continued emotional support and assistance in decision making.

Thus, it is recommended that a "village-level institutional perspective" should be applied to Fountainview and that services should focus on the intermediate-support needs of aging residents. Instead of a real-estate-oriented approach, the inclusion of a village-level social-services organization within the formal organizational structure of Fountainview is recommended.

#### Recommendations--An Alternative Response to Aging

Based on the detailed analysis of the relationship between Fountainview's sociocultural system and the life-course trajectory of its residents, a series of recommendations for future action will be presented. One reason for this presentation of recommendations is pragmatic--the provision of guidelines which will be of assistance in the management and continued viability of Fountainview.

Another reason for the inclusion of recommendations in this study is that they illustrate the value of an anthropological community case study--a case study which

strives to portray the contextual subtleties of daily living activities and the management practices in the retirement village of Fountainview. It is the study of this highly varied sociocultural context of daily living in Fountainview that highlights the importance of certain structures and processes, especially the economic and demographic subsystems of the village and the political processes involved in maintaining the viability of this economic/demographic foundation.

Recommendations must be formulated with the sociocultural context of Fountainview in mind. The probability of the acceptance and implementation of any recommendation rests upon the degree to which the proposed recommendation is compatible with the sociocultural system of the retirement village. The following recommendations are presented with this requirement in mind.

#### Program Recommendations

It is recommended that a community social-services program for the residents of Fountainview should be organized. This program should be given a status equal to the status given to clubhouse programming.

The goals of such a program would be (1) to enhance the quality-of-life of aging residents who are attempting to remain in their own homes for as long as it is medically feasible, (2) to facilitate the decision making process regarding relocation when continued residency is no longer feasible, and (3) to enhance the "quality-of-life" of single

residents who are having difficulties adjusting to widowhood and singlehood.

To accomplish these goals a comprehensive social-services program to meet the needs of aging and widowed residents would be developed through the joint efforts of a professional community social-services director and a residents' community social-services committee. Such a plan would take into account the available resources in the wider community, as well as the current and potential resources within the village, especially resident-volunteer labor.

This program would not be designed to replace or ignore the informal support that is presently given to residents by caring friends and neighbors. Rather, such a plan would go beyond this informal resident-supportiveness, recognizing that neighbors and friends are reluctant to intervene beyond a certain point and/or are unable to meet long-term needs which demand a more complex array of coordinated services.

#### Qualifications of the Social-Services Director

The professional community social-services director to be hired would be skilled in community organization, gerontology, and the techniques of social-work assessment and intervention. The educational requirements for this staff position would be a Master's degree in social work, with specialties in community organization and gerontology. Experience in case-management techniques would also be essential.

Since the success of the total program depends upon the skills of the social-services director, it is important that this position be filled by a highly-qualified, experienced professional. It would be unwise to de-professionalize this role as a cost-cutting measure or to make it a part-time position. Doing so would jeopardize the quality of services and the central program goal of coordination.

#### Roles of the Social-Services Director

The roles of the community social-services director would include, but should not be limited to, the following:

- (1) to plan, in consultation with the residents' community-services committee, a comprehensive social-services program;
- (2) to become knowledgeable in, and utilize, the current social and health-care services of the wider community on behalf of residents;
- (3) to identify further the gaps in wider-community services/village services, and to stimulate the development of new services and/or the expansion of present services both within the wider community and within Fountainview;
- (4) to actively recruit, organize, train, and coordinate resident-volunteers in the provision of needed services, such as respite care to caregivers and home-visit monitoring of vulnerable residents;
- (5) to provide inservice-training programs to staff;
- (6) to serve as a consultant to management, staff, and the residents' association;

- (7) to seek out and organize reasonably priced intermediate supportive services in those instances in which it is not possible to use formal wider-community services or resident-volunteers. (Costs for such services would be paid by residents who use the services and would not be included in the community social-services budget.); and
- (8) to link residents with the appropriate array of services and to coordinate and monitor the delivery of services.

The role of "case manager" is central to the implementation of a community social-service program. Once the needs of a resident have been identified, the case manager and resident jointly decide on and arrange for the appropriate services.

Since the needs of aging individuals continue to change over time, the case manager and/or resident-volunteers would continue to monitor the needs of the resident and the present delivery of services. Periodic adjustments in services would be made by the case manager, as needs change. (Home-visit monitoring by resident-volunteers would be an integral part of this case-management function.)

- (9) Another role would be to facilitate the decision making process by serving as a knowledgeable consultant to residents who are making plans to move into continuing-care/life-care facilities, congregate-living facilities, nursing homes, or other similar environments.

To effectively enact this role, the director would contact and professionally evaluate the variety of



alternative living environments available in the area. Periodic updated evaluations would be made as the status of such facilities can change very quickly, especially in terms of quality-of-care and financial stability.

(10) A final role would be to serve as a catalyst in the creation of working relationships and formal agreements between the village and life-care/continuing-care facilities.

This role would include, in the future, serving as a liaison between the village and the potential life-care facility with which the village has already established a working relationship.

#### Financing the Program

Two options are possible for financing this program. The first option would involve financing the program by increasing maintenance fees. The disadvantage of this option is its incompatibility with the organizational goal of cost-containment of maintenance fees.

Including the costs within the village budget has three advantages. (1) It would enhance the status and prestige of the program. (2) It would increase the likelihood of the continuance of the program. (3) It would be an indication of Fountainview's commitment to the program.

Given the estimated initial costs of the program and the size of Fountainview's population, it is anticipated that the increased budgetary costs for each cooperative share would not be large. For example, if the program

initially cost \$60,000.00 annually (i.e., covering the salaries/fringe benefits of the director and a secretary, plus office/operating expenses), it would be equally divided among the over-1100 cooperative shares. For each of 1100 shares, the annual cost would be \$54.55, or an increase in monthly maintenance fees of \$4.55.

The second option would be to finance the program through voluntary contributions. This manner of financing would be similar to annual fund drives conducted by the wider community's United Way. Residents would pledge money to a specially-created social-services program fund. Also, special donations from the Memorial Fund or from private benefactors would be welcomed.

The advantage of this option is that maintenance fees would not be affected. There are two disadvantages.

- (1) The continuity of the program could be jeopardized if the financial goals of the fund drive were not met.
- (2) Fountainview's commitment to the program might be diluted, resulting in a program which is viewed as peripheral and lacking in prestige.

In addition to choosing one of the two funding options, supplementary funding sources should be explored. It might be possible to obtain funding from private corporations having a vested interest in the future of retirement villages. Also, grant money should not be ruled out as another source of financing. This proposal for a community social-services program could be presented to a funding

agency as a "pilot project" in community care for the elderly in retirement villages.

### Implementation Considerations

The implementation of the community social-services program must take into consideration (1) the location of the program office, (2) the issue of confidentiality, and (3) the depth of Fountainview's commitment to the program.

For this program to be an integral part of Fountainview and easily accessible to residents, program offices must be located within the village and not on the periphery. If office space is unavailable in the clubhouse, then office space in the marina building would be the best alternative.

Wherever offices are located, the space must be designed so that confidentiality is ensured. The issue of confidentiality is also important in connection with resident-volunteers. They must be trained to understand and uphold the principle of confidentiality.

The village must make a two-or-three-year commitment to the development and implementation of this program. Since the major task of the first six months, at minimum, would involve the planning and organization of the program, it is imperative that residents are aware that, except in situations of serious crises, direct services to residents will be minimal. Requests for services might easily overwhelm the program before it was completely established, leading to resident dissatisfaction and cancellation of the program.

A community-wide education program regarding the services of the social-services program must be conducted as soon as the program is ready to be implemented. Residents need to be particularly aware of those services which are available to residents without any additional cost (i.e., the direct case-management services and counseling services of the social-services director, plus the services of resident-volunteers). Residents must also understand that certain services have a fee attached to them--(1) those services provided by the employees of formal agencies (such as Home Health Care) and (2) those services provided by nonresidents whose names are on the social-services program's approved list of available helping persons.

#### Compatibility with the Sociocultural System

The above recommendations are compatible with the sociocultural system of Fountainview. First, the program's goals are compatible with the stated "humanitarian mission" of the village. Such services would enhance the "quality-of-life" of a significantly large segment of the population.

Second, the program would neither decrease the rate of turnover nor adversely affect real-estate sales. Even in the absence of such services, residents will remain in their own homes for as long as possible. The recommended services are designed to provide comprehensive and coordinated social services, not long-term health-care services.

Third, the services of this program do not replace formal programs or the informal assistance provided by residents, but go beyond these services.

Fourth, Fountainview's commitment to this program could serve to revitalize the community. It would be a "special" project in which residents could cooperate with one another for the mutual benefit of all. Such cooperation and commitment could result in a new "sense of community," similar to the early years when residents took pride in being a "pilot project" of a national organization of retirees.

Fifth, the "uniqueness" of such a program within a retirement village could serve to differentiate Fountainview from other retirement villages, giving Fountainview a new competitive edge in real-estate sales. In fact, the extent to which Fountainview responds, or does not respond, to the needs of aging residents foreshadows their ability to survive in the future.

There is an increasing number of life-care and continuing-care facilities being developed in the Sunbelt states and in other states. These facilities will become increasingly competitive in attracting retirees who might have otherwise purchased a home in a retirement village, such as Fountainview.

Present and future retirees are becoming increasingly aware of the problems of financing long-term health care. They are recognizing the importance of having access to

facilities and services which provide a continuum-of-care throughout their retirement years. The proposed community social-services program would be the first step in this direction and should have wide appeal.

Sixth, the resident-leaders and other residents of Fountainview have taken pride in their village. Their pride could be further enhanced by this social-services program. Fountainview could provide leadership within the wider aging community, presenting their social-services program as a model in the development of similar programs in other villages.

#### Compatibility with Societal Trends

This recommendation is also compatible with two current societal trends regarding service provision to the elderly.

(1) One trend is the provision of community-based care and in-home services to the elderly, rather than institutional placement. (2) The second trend is the incorporation of supportive social services (or facilities offering a continuum-of-care) into the structure of retirement communities (e.g., Pies, 1985; Winklevoss and Powell, 1984; Van Scoyoc, 1984).

The issue of developers' responsibilities to an aging village-population has been raised in the state of Florida. Developers who incorporate supportive services and/or facilities into their communities will have a competitive edge. Owners/developers have several available options if they choose to respond to the needs of an aging village

population. One option is the direct-service option. Other options include the following:

1. Enter into flexible, collaborative referral arrangements with exiting service agencies to provide services on an as needed basis;
  2. Enter into contractual agreements with existing service agencies to provide services; or
  3. Enter joint venture agreements with existing service provider(s).
- (Florida Department of Community Affairs and Miami Jewish Home and Hospital for the Aged, 1986, p. 193)

If the recommendations for Fountainview were implemented, the resultant program could include all of the above three options, plus the provision of direct services. The success of the recommended program lies in

(1) encouraging the continuation of the current level of services, (2) stimulating formal agencies and health-care institutions in the wider community to expand their present level of service and/or create additional needed services, (3) developing a comprehensive resident-volunteer program, and (4) providing direct services to residents with a major emphasis on case management.

#### Retrospect and Prospect for Research

This study would not be complete without an assessment of the strengths and weaknesses of this anthropological case study of Fountainview and a presentation of suggested directions for future research.

#### Strengths of the Study

A major strength of this case study is its emphasis on time sequence as a major analytic variable. This emphasis

on change contrasts with the static approach found in other case studies of retirement villages.

A second strength is the use of multiple data sources and the collection of data at many different points in time. Through the collection and cross-matching of data from multiple sources and from multiple time periods, it has increased the likelihood that patterns of change/nonchange have been accurately identified and that underlying structural changes in the sociocultural system have been differentiated from minor fluctuations and "compensatory adjustments" within the system. Using this approach, it has been possible to say something valid in reference to Fountainview.

A third strength is the combined use of quantitative and qualitative data. Quantitative data have (1) added new findings to the study, (2) corrected some mistaken perceptions obtained from non-random observations and interviews, and (3) provided needed documentation of other qualitative findings. Qualitative data have enriched quantitative data by providing contextual information. Thus, this study has attempted to balance reliability and validity.

A fourth strength of this case study is that major emphasis has been placed on two groups of retirement-village residents who have been ignored, or only peripherally acknowledged, in previous studies of retirement villages. Both widowed/single residents and residents experiencing the



adverse consequences of the normal processes of aging and illness have been given special attention in this study.

A fifth strength is that the results of this case study have been used to develop a series of recommendations for Fountainview. These recommendations were formulated in the light of the analyzed data regarding Fountainview's sociocultural system. Thus, the pragmatic value of conducting an anthropological community case study is illustrated. Such studies can include an applied focus.

#### Weaknesses of the Study

In the present study, there are three weaknesses which would be corrected if this study could be conducted again. First, more detailed quantitative data on aging residents' health status, their ability to carry out daily-living activities, and the nature of their support systems would be collected. Such data would have helped to pinpoint the specific needs of residents, the frequency of each type of need, and the gaps in services. The results of such a needs assessment would have strengthened this study's recommendations regarding the development of a community social-services program for Fountainview residents.

Second, it was not possible to complete the interviews of the random sample of singles during the summer of 1984. The study's findings would have been strengthened if a larger proportion of the sample had been interviewed. If this study could be conducted again, it would be best to

interview the single residents during the winter season when more residents would be in their homes in Fountainview.

Third, if the residents' participation in various clubhouse activities had been quantitatively measured, the recommendations of this study could have included more specific suggestions regarding alterations in clubhouse programming for those residents who are experiencing problems connected with aging, illness, and widowhood.

In assessing further this anthropological case study of Fountainview, it must be recognized that the study is broad in scope. A series of substudies have been conducted at both the individual-level and system-level. The findings of these substudies have been integrated to identify patterns of change and to clarify the relationship between the daily lives of residents and the sociocultural system.

The broad focus of this case study was accomplished at the expense of gathering more in-depth data within each substudy. The costs in time and money to conduct this study necessitated a choice between these two alternatives. Although this study was designed to be broad in scope, another research approach would be to expand each substudy into a major study, complete unto itself.

The time-allocation study, for example, could be expanded to include a larger random sample. Then, it would be possible to carry out statistical comparisons of subgroups within, and between, samples. This would result

in more fine-tuned data on time-allocation differences due to sex, age, and marital status.

The time-allocation study could also be designed differently. In designing this study, consideration was given to alternative methodologies. It would have been preferable to conduct random spot-checks of resident behavior, rather than relying on reported behavior via a 24-hour diary. However, the former approach would be extremely time-consuming and could not be justified, given the research questions of this case study.

Similarly, the exodus study could be expanded into a major study. If so, the research question and the research design would differ from the present study. It could be expanded into a demographic study which traces the migration of randomly selected residents of a large number of randomly selected retirement villages over a long period of time.

Such a study would have an applied focus, namely, to pinpoint the location of residents when long-term health-care facilities and services become necessary. Such data would be of value in determining the size of Florida's retired population who maintain continued residence in Florida and will be in need of long-term health care. Projections, based on this data, could help determine future demand for long-term health care in Florida.

Another alternative research option would be to conduct a comparative study of randomly selected retirement villages. In the present case study of one retirement

village, it has not been possible to state that Fountainview is representative of other retirement villages, i.e., to generalize the findings. A comparative study would correct this weakness. However, given the constraints of time and money, a narrower research problem would have to be defined in a comparative study.

#### Future Research

It has been suggested above that one option for future research would be to expand one or more of the substudies of the case study of Fountainview into separate studies. For example, the present study was not designed to quantitatively assess the types of needs of aging residents and the frequency of each type of need. Future research with an applied emphasis could focus on this topic.

Also, comparative studies in which the "quality-of-life" within different types of retirement communities is measured and compared would be valuable in determining those environmental conditions which optimize "quality-of-life". Of course, the concept must be precisely defined and operationalized.

Research regarding the value of different service-provision options in retirement villages would also be valuable. Different service-delivery systems could be implemented in retirement villages as demonstration projects. In addition, if a retirement village was independently implementing such a project, evaluation of this project could be carried out.

A evaluation component in such projects would be essential. Evaluation could focus on process and/or outcome variables. Comparative studies in which the same measurements are used to evaluate the outcomes of different service options could be instructive.

Applied research could also focus on natural communities in which there are large concentrations of aging adults, e.g., small towns in the midwestern states. Applied research could include needs assessments, evaluations of current service-delivery systems for the elderly, and demonstration projects with an evaluation component.

Future research should have an applied emphasis and should concentrate on studying the effects of various housing alternatives and service-delivery options upon retired persons throughout their later years. Also, in the future we should shift our attention to the study of other types of retirement communities, especially life-care/continuing-care communities.

Retirement villages, such as Fountainview, are likely to become extinct in the future if fundamental structural changes are not forthcoming. A viable social system must be flexible. It must adjust to new social and economic conditions by altering the structural aspects of its social system. A viable social system must address the changing needs of its population. Fountainview has not been able to do this. It has remained static--"frozen in time."

APPENDIX A  
DEFINITIONS OF CODING CATEGORIES

I. Location of Activities

Home: Within the physical boundaries of a respondent's home or yard

(1.) Sleep: The hours designated by the respondent for sleeping, extending from bedtime to the morning hour of arising, as well as daytime naps

(2.) Waking hours: The remaining hours, excluding sleeping hours

Within the Village (Outside the Home): Within the physical boundaries of Fountainview, but outside the physical boundaries of the respondent's home and yard

(1.) Non-Club-Related: Those activities which are not located at the clubhouse or at other village-recreational areas

(2.) Club-Related: Those activities located at the clubhouse or at other village-recreational areas, e.g., tennis courts and marina

Outside the Village: Outside the physical boundaries of Fountainview

(1.) In Nearby Community: Within the physical boundaries of the nearby community

(2.) In County: Within the physical boundaries of the county in which Fountainview is located, but beyond the boundaries of Fountainview and the nearby community

(3.) In State: Within the physical boundaries of the state of Florida, beyond the boundaries of the county in which Fountainview is located

(4.) Out of State: Outside the physical boundaries of the state of Florida

## II. Types of Activities at Home

Sleep: Sleeping or resting in bed during the hours designated for sleeping, i.e., excludes naps during the day

Personal Care: Bathing, toileting, shaving, applying make-up, etc.

Eating and Eating-Related Activities: Food preparation and clean-up; eating meals and snacks

Other Housework: All housework, except food preparation and after-meal cleanup and yardwork; includes laundry, sweeping, dusting, vacuuming, washing windows, etc.

Yardwork: Gardening, raking, grass and hedge trimming, etc.

Visiting with Residents: Conversations with Fountainview residents within the home or in the yard of the respondent

Visiting with Nonresidents: Conversations with overnight guests or other persons who live outside Fountainview

Reading: Reading newspapers, magazines, newsletters, and books

Television Watching: Complete or partial attention given to television programs

Correspondence: Writing letters/bills and reading one's personal mail

Nap/Rest/Relax: "Doing nothing" except sitting in a chair, lying down, or falling asleep in a chair; taking a nap during the day

Craft/Hobby/Time Filler: Doing hand work, such as crocheting, knitting, etc.; building or constructing toys, furniture, yard decorations; building models, making ceramics, etc; doing crossword/jigsaw puzzles; playing solitaire

Taking on Phone: Phone conversations with others

Card Playing with Others: Playing cards or other table games

Being of Assistance to Other Residents: Loaning or repairing things for others, giving food or other articles to others, helping with a chore, etc.

Other: All miscellaneous activities which cannot be placed in the above categories

### III. Types of Activities Within the Village

Walking/Biking: Strolling through the village; walking to the clubhouse or to a resident's home; riding a bicycle or, more commonly, a three-wheeler

Visit Unrelated Residents: Conversations within the home of a resident unrelated to the respondent

Visit Related Residents: Conversations within the home of a resident related to the respondent by blood or marriage

Playing Cards in Other Residents' Homes: Playing cards or other table games

Providing Help to Sick Residents: Helping residents who are ill or who have difficulty carrying out certain activities; includes providing them with food, helping with a household chore, transporting them to the clubhouse, etc.

Providing Other Service to Residents: Helping resident-friends and neighbors who are able to function independently; includes helping with a chore, loaning things, etc.

Attending Weekly-Scheduled Clubhouse Activities: Participation in an organized club activity which is scheduled weekly, demanding a commitment of regular attendance

Attending Less-Than-Weekly-Scheduled Clubhouse Activities: Participation in clubhouse activities which meet less than once a week, usually once a month or less; attendance at a special event, such as a dinner, concert, play, or art show

Use of Other Club/Village Facilities: Using facilities which are available at any time, such as the swimming pool, whirlpool, tennis courts, and marina; also use of the laundromat, automated postal machine and automated bank teller; visit to the office of the residents' cooperative association

Other: Miscellaneous activities not included in the above categories



### Types of Activities Outside the Village

Shopping for Consumer Goods: Shopping at the grocery store, drug store, shopping mall, car dealership, etc.

Obtaining Medical Care for Self/Spouse: Obtaining medical services at a doctor's office, clinic, hospital, etc.

Purchasing Service (Excluding Medical Care): Obtaining services from a beautician/barber, mechanic, bank employee, stock broker, etc.

Attending Religious Service: Attending a church/synagogue service or participating in a church-related activity, such as a choir or a committee

Attending Memorial Service: Attending a funeral or a memorial service or cemetery service

Eating at a Restaurant: Eating in a business establishment which serves food

Community Volunteer Work: Participation in a volunteer program in the nearby community's schools, nursing homes, hospitals, library, charity organizations, etc.

Club-Related Activity: Meetings/Dinners of Fountainview organizations outside the village

Visiting: Being house guests of, or calling on and conversing with, nonresidents--either related or unrelated

Sightseeing: Going on a pleasure trip, viewing the scenery, or visiting tourist attractions

Helping Residents: Providing assistance in transportation, running errands, etc.

Other: Miscellaneous activities not included in the above categories

APPENDIX B  
EXTRAPOLATION OF AVERAGE AGE OF 1986 POPULATION OF  
FOUNTAINVIEW--BY COHORT, SEX, AND MARITAL STATUS

Table B-1. Average Age of Three Cohorts of Residents in 1986, by Marital Status and Sex

<u>Marital Status,</u> <u>by Sex</u>	<u>Early</u> <u>Settlers (a)</u>	<u>Middle</u> <u>Cohort</u>	<u>Newcomer</u> <u>Cohort (a)</u>
<u>Married:</u>			
<u>Male</u>	75.9	[72.8 (b)]	69.7
<u>Female</u>	74.3	[70.4 (b)]	66.5
<u>Total Married</u>	75.2	[71.6 (b)]	67.9
<u>Single:</u>			
<u>Male</u>	75.7	[72.7 (c)]	66.0
<u>Female:</u>	75.0	[70.8 (c)]	75.2
<u>Total Single</u>	75.1	[71.5 (c)]	74.7

- (a) Data was obtained from respondents in the four random samples used in the time-allocation study
- (b) Estimate of average age, based on the midpoint number between the average ages of the Married-Early-Settler Cohort and the Married-Newcomer Cohort
- (c) Based on the assumption that singles in the Middle Cohort were, upon entry into Fountainview, more similar in age to Married Newcomers than Single Newcomers, the estimate of the average age of singles in the Middle Cohort is obtained by using the midpoint number between the average ages of Single Early Settlers and Married Newcomers

Table B-2. Extrapolation Procedure to Determine Average Age of 1986 Population of Fountainview

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<u>Married Cohorts:</u>	<u>(a)</u>	<u>(b)</u>	<u>(c)</u>
Early Settlers	75.2 x	.42 =	31.58
Middle Cohort	71.6 x	.17 =	12.17
Newcomers	67.9 x	.19 =	12.90
<u>Single Cohorts:</u>			
Early Settlers	75.1 x	.12 =	9.01
Middle Cohort	71.5 x	.055 =	3.93
Newcomers	74.7 x	.04 =	2.99
<u>TOTAL: Average Age</u>			<u>72.58</u>

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Extrapolation Procedure: (a) Average Age multiplied by (b) the percentage of the total population represented by each married or single cohort equals (c) proportionate average age for each married or single cohort

# APPENDIX C

## TWO-TAIL TESTS OF HYPOTHESES IN TIME-ALLOCATION STUDY

Table C-1. Two-Tail Tests for Type of Activity at Home--  
Cohort Comparison of Married Early Settlers and  
Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant? (b)</u>
Sleep	1.50	No
Television Watching	.53	No
Eating and Eating- Related Activities	.76	No
Reading	1.08	No
Other Housework	1.16	No
Visiting with Nonresidents	1.14	No
Personal Care	.30	No
Nap/Rest/Relax	.24	No
Yardwork	1.21	No
Craft/Hobby/Time Filler	1.71	No
Correspondence	1.37	No
Talking on Phone	.37	No
Visiting with Residents	.04	No
Card Playing with Others	.78	No
Being of Assistance to Residents	.00	No

- (a) Obtained by using the large-sample formula for comparing the differences between two population means  
(b) Test statistic is statistically significant ( $\alpha=.05$ ) in two-tail tests if it is equal to, or exceeds, 1.96

Table C-2. Two-Tail Tests for Type of Activity Within the Village--Cohort Comparison of Married Early Settlers and Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Use of Other Club Village Facilities	1.52	No
Visiting Unrelated Residents	1.23	No
Walking/Biking	1.05	No
Attending Less-Than- Weekly-Scheduled Clubhouse Activities	.05	No
Attending Weekly- Scheduled Clubhouse Activities	1.01	No
Visiting Related Residents	.06	No
Playing Cards in Other Residents' Home	.00	No
Providing Help to Sick Residents	.04	No
Providing Other Service to Residents	1.98	Yes

- (a) Obtained by using the large-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-3. Two-Tail Tests for Type of Activity Outside the Village--Cohort Comparison of Married Early Settlers and Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Visiting	1.09	No
Shopping for Consumer Goods	1.49	No
Eating at a Restaurant	.80	No
Sightseeing	1.89	No
Attending Religious Service	1.26	No
Purchasing Service (Excluding Medical Care)	.06	No
Attending Memorial Service	.42	No
Helping Residents	1.18	No
Obtaining Medical Care for Self/Spouse	2.10	Yes
Community Volunteer Work	1.00	No
Club-Related Activity	1.00	No

- (a) Obtained by using the large-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-4. Two-Tail Tests for Type of Activity at Home--  
Cohort Comparison of Single Early Settlers and  
Single Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Sleep	1.37	No
Television Watching	.01	No
Eating and Eating- Related Activities	.50	No
Reading	2.19	Yes
Other Housework (Excluding Eating- Related Activities)	1.01	No
Visiting with Nonresidents	.50	No
Personal Care	.51	No
Nap/Rest/Relax	.73	No
Yardwork	.87	No
Craft/Hobby/Time Filler	.19	No
Correspondence	.05	No
Talking on Phone	1.96	Yes
Visiting with Residents	1.25	No
Card Playing with Others	.99	No
Being of Assistance to Other Residents	.36	No

(a) Obtained by using the large-sample formula for  
comparing the differences between two population  
means

(b) Test statistic is statistically significant ( $\alpha=.05$ )  
in these two-tail tests if it is equal to, or exceeds,  
1.96

Table C-5. Two-Tail Tests for Type of Activity Within the Village--Cohort Comparison of Single Early Settlers and Single Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Use of Other Club Village Facilities	1.39	No
Visiting Unrelated Residents	.25	No
Walking/Biking	.09	No
Attending Less-Than- Weekly-Scheduled Clubhouse Activities	.38	No
Attending Weekly- Scheduled Clubhouse Activities	.93	No
Visiting Related Residents	.74	No
Playing Cards in Other Residents' Home	1.73	Yes
Providing Help to Sick Residents	---	No
Providing Other Service to Residents	1.31	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96



Table C-6. Two-Tail Tests for Type of Activity Outside the Village--Cohort Comparison of Single Early Settlers and Single Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Visiting	1.09	No
Shopping for Consumer Goods	.40	No
Eating at a Restaurant	.35	No
Sightseeing	1.02	No
Attending Religious Service	.14	No
Purchasing Service (Excluding Medical Care)	.27	No
Attending Memorial Service	.97	No
Helping Residents	.09	No
Obtaining Medical Care for Self/Spouse	1.51	No
Community Volunteer Work	.00	No
Club-Related Activity	1.43	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-7. Two-Tail Tests for Location-of-Activity Items--  
Marital-Status Comparison of Single Early  
Settlers and Married Early Settlers

<u>Coding Category</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
<u>Home</u>	.04	No
(a) Sleep	.27	No
(b) Waking hours	.11	No
<u>Within the Village (Outside the Home)</u>	1.47	No
(a) Non-Club-Related	1.63	Yes
(b) Club-Related	.13	No
<u>Outside the Village</u>	.93	No
(a) In Nearby Community	1.07	No
(b) In County	.68	No
(c) In State	.88	No
(d) Out of State	---	No
<u>Obtaining Medical Care for Self/Spouse</u>	1.43	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-8. Two-Tail Tests for Type of Activity at Home--  
Marital-Status Comparison of Single Early  
Settlers and Married Early Settlers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Sleep	.27	No
Television Watching	.71	No
Eating and Eating- Related Activities	.13	No
Reading	1.26	No
Other Housework (Excluding Eating- Related Activities)	.00	No
Visiting with Nonresidents	.06	No
Personal Care	1.54	No
Nap/Rest/Relax	.16	No
Yardwork	2.32	Yes
Craft/Hobby/Time Filler	.17	No
Correspondence	1.89	No
Talking on Phone	1.43	No
Visiting with Residents	.06	No
Card Playing with Others	.75	No
Being of Assistance to Other Residents	.00	No

(a) Obtained by using the small-sample formula for comparing the differences between two population means

(b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-9. Two-Tail Tests for Type of Activity Within the Village--Marital-Status Comparison of Single Early Settlers and Married Early Settlers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Use of Other Club Village Facilities	1.56	No
Visiting Unrelated Residents	.51	No
Walking/Biking	.11	No
Attending Less-Than- Weekly-Scheduled Clubhouse Activities	.17	No
Attending Weekly- Scheduled Clubhouse Activities	1.32	No
Visiting Related Residents	.87	No
Playing Cards in Other Residents' Home	2.19	Yes
Providing Help to Sick Residents	.00	No
Providing Other Service to Residents	.34	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-10. Two-Tail Tests for Type of Activity Outside the Village--Marital-Status Comparison of Single Early Settlers and Married Early Settlers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Visiting	1.03	No
Shopping for Consumer Goods	.85	No
Eating at a Restaurant	.92	No
Sightseeing	.00	No
Attending Religious Service	.09	No
Purchasing Service (Excluding Medical Care)	.24	No
Attending Memorial Service	1.17	No
Helping Residents	.42	No
Obtaining Medical Care for Self/Spouse	1.43	No
Community Volunteer Work	.79	No
Club-Related Activity	.79	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-11. Two-Tail Tests for Location-of-Activity Items--  
Marital-Status Comparison of Single Newcomers  
and Married Newcomers

<u>Coding Category</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
<u>Home</u>	.41	No
(a) Sleep	.07	No
(b) Waking hours	.53	No
<u>Within the Village (Outside the Home)</u>	.98	No
(a) Non-Club-Related	1.01	No
(b) Club-Related	.70	No
<u>Outside the Village</u>	.22	No
(a) In Nearby Community	1.50	No
(b) In County	1.36	No
(c) In State	1.33	No
(d) Out of State	1.18	No
<u>Obtaining Medical Care for Self/Spouse</u>	1.43	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-12. Two-Tail Tests for Type of Activity at Home--  
Marital-Status Comparison of Single Newcomers  
and Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Sleep	.07	No
Television Watching	.29	No
Eating and Eating- Related Activities	.17	No
Reading	.57	No
Other Housework (Excluding Eating- Related Activities)	.00	No
Visiting with Nonresidents	1.04	No
Personal Care	.61	No
Nap/Rest/Relax	.73	No
Yardwork	.98	No
Craft/Hobby/Time Filler	1.28	No
Correspondence	.39	No
Talking on Phone	1.60	No
Visiting with Residents	1.49	No
Card Playing with Others	.13	No
Being of Assistance to Other Residents	1.60	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

Table C-13. Two-Tail Tests for Type of Activity Within the Village--Marital-Status Comparison of Single Newcomers and Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Use of Other Club Village Facilities	1.05	No
Visiting Unrelated Residents	.89	No
Walking/Biking	.91	No
Attending Less-Than- Weekly-Scheduled Clubhouse Activities	.57	No
Attending Weekly- Scheduled Clubhouse Activities	.61	No
Visiting Related Residents	.27	No
Playing Cards in Other Residents' Home	.00	No
Providing Help to Sick Residents	1.19	No
Providing Other Service to Residents	.00	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96



Table C-14. Two-Tail Tests for Type of Activity Outside the Village--Marital-Status Comparison of Single Newcomers and Married Newcomers

<u>Type of Activity</u>	<u>Test Statistic (a)</u>	<u>Statistically Significant ? (b)</u>
Visiting	1.01	No
Shopping for Consumer Goods	.15	No
Eating at a Restaurant	.31	No
Sightseeing	.13	No
Attending Religious Service	.98	No
Purchasing Service (Excluding Medical Care)	.58	No
Attending Memorial Service	.16	No
Helping Residents	.91	No
Obtaining Medical Care for Self/Spouse	.00	No
Community Volunteer Work	.00	No
Club-Related Activity	1.75	No

- (a) Obtained by using the small-sample formula for comparing the differences between two population means
- (b) Test statistic is statistically significant ( $\alpha=.05$ ) in these two-tail tests if it is equal to, or exceeds, 1.96

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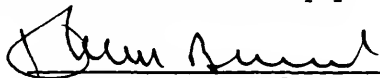
#### BIOGRAPHICAL SKETCH

The author was born in Iowa City, Iowa, on August 22, 1941, to Fred W. and R. Arlene Harms. She was valedictorian of her graduating class at Mt. Pleasant High School, Mt. Pleasant, Iowa. She received her B.A. magna cum laude from Milton College, Milton, Wisconsin, in sociology in 1963. An M.S.S.W. in social work was obtained from the University of Wisconsin-Madison in 1968. She spent sixteen years working as a social work practitioner, specializing in school social work. She was a member of the executive board of the Illinois Association of School Social Workers for six years. In 1983 an M.A. degree in anthropology was received from Northern Illinois University, DeKalb, Illinois. She was president of the University of Florida's Students for the Advancement of Gerontological Education in 1985. In August, 1988, the University of Florida, Gainesville, Florida, will award her a Ph.D. in anthropology, specializing in social gerontology and applied anthropology.

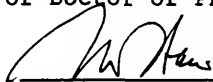
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Otto Von Mering, Chair  
Professor of Anthropology

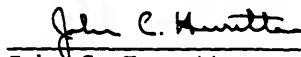
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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

  
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I certify that I have read this study and that in my opinion it conforms to acceptable standards of scholarly presentation and is fully adequate, in scope and quality, as a dissertation for the degree of Doctor of Philosophy.

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